

Goodhue County Zoning Application

Zoning Ordinance Amendment

The following information is required before the application may be accepted and considered complete:

Applicant Name (if different than owner) _____ **Parcel #** _____

Date of Birth _____ **Phone #** _____

- 1) Goodhue County Planning & Zoning form
- 2) Fees paid in full
- 3) Additional information as corresponds to request
- 4) All necessary state and federal permits
- 5) Applicant or representative is encouraged to attend the scheduled public hearings

After preliminary review, additional information may be required before the application is considered complete and can be processed

Please note the Planning Advisory Commission Calendar for required submittal dates (*attached*)

Please mail application, payment and all supporting documents to:

Goodhue County Land Use Management
Attn: Kelly
509 West Fifth Street
Red Wing MN 55066

Fees:

General Application \$ 546

Receipt Number _____

Date Paid _____

Office Use Only

Zoning District

- Residential
- Business B-1 B-1
- Industrial
- Agricultural A-1 A-2 A-3
- Shoreland
- Wild & Scenic
- Flood Fringe
- Floodway
- General Flood Plain
- Other: _____

Type of Request

- Conditional Use Permit
- Variance/Appeal
- Zoning District Change
- Preliminary/Final Plat
- Ordinance Amendment
- Land Use Permit
- Land Alteration Permit
- Other (specify Below)

Shoreland Management Data

Lake/Stream Name: _____

ID Number: _____

Classification: NE RE GD Other_____

Tracking Summary

Date Received : _____

Application number: _____

Date of Hearing Notice: _____

Date of Public Hearing: _____

DNR Notice?

City Notice?

PAC Recommendation: Approve with conditions (attached)

Deny

Final Action (brief explanation of decision): _____

by: [] County Board [] Board of Adjustment

Date of Action:



Goodhue County Planning & Zoning Zoning Ordinance Amendment (attach separate sheet if necessary)

Date _____ Application Number _____

Applicant Name _____

Mailing Address _____

Daytime Phone _____ Evening Phone _____

Stated Reason for change requested: _____

Statement on compatibility with the Comprehensive Plan: _____

Text of portion of the existing ordinance to be amended: _____

Proposed amended text and statements outlining any other effects that the amendment may have on other areas of this ordinance:

Applicant's Signature: _____

******* County Section *******

Planning Advisory Commission

The Planning Advisory Commission recommends to the Goodhue County Board of Commissioners to

Approve Deny the application for a zoning ordinance amendment

Date of Hearing _____

Recommended Wording of Amendment: _____

Chairman: _____

Zoning Administrator: _____

Michael Wozniak, AICP

Goodhue County Board of Commissioners

The Goodhue County Board of Commissioners votes to Approve Deny the zoning ordinance amendment

Date of Decision: _____

Amended Ordinance Wording: _____

Chairman: _____

County Administrator: _____

Scott Arneson

PAC 2012

Meeting	Application Acceptance	Written Notice/ Packets Due	PAC Date**	County Board Date**
January	Dec 19-23	Jan 12	Jan 23 35 days	Feb 7 50 days
February	Jan 9-13	Feb 2	Feb 13 35 days	March 6 50 days
March	Feb 13-17	March 8	March 19 35 days	April 3 57 days
April	March 12-16	April 5	April 16 35 days	May 1 50 days
May	April 16-20	May 10	May 21 35 days	June 5 50 days
June	May 14-18	June 7	June 18 35 days	July 5? 52 days?
July	June 11-15	July 5	July 16 35 days	Aug 2? 52 days
August	July 16-20	August 9	Aug 20 35 days	Sept 4 50 days
September	Aug 13-17	Sept 6	Sept 17 35 days	Oct 2 50 days
October	Sept 10-14	Oct 4	Oct 15 35 days	Nov 6 57 days
November	Oct 15-19	Nov 8	Nov 19 35 days	Dec 4 50 days
December	Nov 5-9	Nov 29	Dec 10 35 days	Jan 8 64 days

**Calendar Days