



DATE REC'D: \_\_\_\_\_

REASON FOR THIS REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WILL ZONING CHANGE REQUIRE A VARIANCE?  YES (If yes, complete and submit a Variance Application)  NO

WILL ZONING CHANGE REQUIRE A CONDITIONAL USE PERMIT?

YES (If yes, complete and submit a CUP Application)  NO

EXISTING USE OF PROPERTY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPOSED USE OF PROPERTY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAS THE PRESENT APPLICANT PREVIOUSLY SOUGHT TO SUBDIVIDE, REZONE, OBTAIN A VARIANCE, OR A CONDITIONAL USE PERMIT ON THE SUBJECT SITE OR PART OF IT?  \*YES  NO

**\* IF YES:**

WHEN? \_\_\_/\_\_\_/\_\_\_

WHAT WAS REQUESTED?

\_\_\_\_\_  
\_\_\_\_\_

WHAT WAS THE OUTCOME OF THE REQUEST?

\_\_\_\_\_  
\_\_\_\_\_

CHANGES MADE IN PLAN SINCE CONCEPT WAS APPROVED:

\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4:**

PROPERTY OWNER: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE REC'D: \_\_\_\_\_

AGENT HAVING CONTROL OVER LAND: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SURVEYOR: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTRACTOR # \_\_\_\_\_

ENGINEER: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SECTION 5:**

This application must be completed in full and be typewritten or clearly printed and must be accompanied by all information and plans required by applicable City Ordinance provisions. Before filing this application, you should confer with the Planning Department to determine the specific ordinance and procedural requirements applicable to your application.

A determination of completeness of the application will be made within ten business days of application submittal. A written notice of application deficiencies shall be mailed to the applicant within ten business days of application.

This is to certify that I am making application for the described action by the City and I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name and I am the party whom the City should contact regarding any matter pertaining to this application. I have attached a copy of proof of ownership (either copy of Owner's Duplicate Certificate of Title, Abstract of Title or Purchase Agreement), or I am the authorized person to make this application and the fee owner has also signed this application.

I will keep myself informed of the deadlines for submission of material and the progress of this application. I further understand that additional fees may be charged for consulting fees, feasibility studies, etc. with an estimate prior to any authorization to proceed with the study. The documents and information I have submitted are true and correct to the best of my knowledge.

The city hereby notifies the applicant that development review cannot be completed within 60 days due to public hearing requirements and agency review. Therefore, the city is notifying the applicant that the city requires an automatic 60-day extension for development review. Development review shall be completed within 120 days unless the applicant approves additional review extensions.

**I hereby agree to reimburse the city for all expenses beyond the filing fee cost incurred reviewing and processing the application, concept PUD, and materials submitted.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fee Owner

\_\_\_\_\_  
Date

Application received on \_\_\_\_\_ Fee Paid \_\_\_\_\_ Receipt No \_\_\_\_\_

*City of Victoria*

7951 ROSE, BOX 36, VICTORIA, MN 55386 • Phone (952) 443-2363 • Fax (952) 443-2110

*Application Revised 3/23/06*

DATE REC'D: \_\_\_\_\_

**VICTORIA PLANNING COMMISSION:**

\_\_\_\_\_ RECCOMENDATION TO DENY

\_\_\_\_\_ RECCOMENDATION TO APPROVE

This application on: \_\_\_\_\_  
Date

**VICTORIA CITY COUNCIL:**

\_\_\_\_\_ DENIED

\_\_\_\_\_ APPROVED

This application on: \_\_\_\_\_  
Date

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The applicant should contact staff for a copy of the staff report, which will be available on the Friday prior to the meeting. If not contacted, a copy of the report will be mailed to the applicant's address.**

DATE REC'D: \_\_\_\_\_

**RE-ZONE  
INSTRUCTIONS:**

**RE-ZONE FEES:**

\$400 one-time Administration Fee

The applicant must file seven (7) copies and one (1) 8 ½ "x11" or 8 ½ "x17" reproducible copy of the plat plan. The application must be accompanied by a copy of the plat plan of the subject property and proposed development, which shall consist of maps, written statements, and include the following:

1. North direction and scale.
2. Location of proposed structure(s) on lot.
3. Dimensions of property, proposed structure(s), and setbacks.
4. Location and use of existing building(s) on site and within 350 feet of subject site.
5. Adjacent street(s) within 350 feet.
6. Existing zoning of all parcels on and within 350 feet of the subject property.
7. Square feet of hard surface covering (roofs, roads, driveways, etc. Specify each.)
8. For fill, provide existing and proposed grades, drainage, type of fill, and purpose of the fill.

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