



BALDWIN TOWNSHIP ZONING & MAP AMENDMENTS

30239 128TH STREET, BALDWIN TWP, MN 55371

(763) 389-8931

RETURN TO: TOWN.CLERK@BALDWINWPMN.COM

COMPREHENSIVE PLAN AMENDMENT

ZONING MAP OR TEXT AMENDMENT

Base Fee: \$500
Escrow (single family): \$1,000
Escrow (all others): \$3,000

Total Amt. Due: \$

Amt. Paid: _____

CC/Check# _____

****FOR OFFICE USE ONLY *** FOR OFFICE USE ONLY****

Date Application Received: _____

Date Application Complete: _____
(60-day review period starts from this date)

Public Hearing/Planning Commission Date: _____

Town Board Approval/Denial Date: _____

60-Day Review Period Ends: _____

60-Day Extension: __Yes __No Expires On: _____

Received By: _____

Property Information

Street Address: _____

Property Identification Number (PIN#): _____

Legal Description (Attach full description of Metes & Bounds if necessary):

Type of Business or Use Requested: _____

Zoning Designation: _____

Applicant Information

Name(s): _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code : _____

Cell Phone: _____ Alternate Phone: _____

e-mail: _____

Property Owner Information (If other than applicant):

Name: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code : _____

Cell Phone: _____ Alternate Phone: _____

e-mail: _____

Description of Request (attach additional sheets as necessary)

Existing Use of Property: _____

Description of Proposed Use: _____

Reason(s) to Approve Request: _____

Please describe any previous applications pertaining to the subject site:

Project Name: _____ Date of Application: _____

Nature of Previous Request : _____

Consideration of the Amendment request shall include the following, at a minimum:

- A. Is the proposed rezoning consistent with the Comprehensive Plan?
- B. Is the current use of the property a permitted use within the proposed zoning district, or will the rezoning create a non-conforming use?
- C. Will permitted uses within the proposed zoning district be injurious to health or interfere with the comfortable enjoyment of life or property within the vicinity?
- D. How will public services (e.g. transportation, schools, parks, and police/fire) be impacted by the proposed rezoning? Will permitted uses within the proposed zoning district adversely impact or overburden existing public service capacity?
- E. Is the proposed rezoning located in an area that has the potential to adversely impact natural resources such as surface water, groundwater, or wetlands, or sites identified for rare biological species habitat?
- F. Does the proposed rezoning have the potential to impact ecologically sensitive or historically significant areas?
- G. Does the property have sufficient size and physical characteristics to permit a reasonable use under the current zoning district?
- H. Any other factors that may be relevant to determining whether the proposed rezoning is appropriate.

APPLICATION FEES AND EXPENSES: We the applicant and undersigned property owner agree to provide to the Town, in cash or certified check, for deposit in an escrow fund, the amount of \$_____ as partial payment for all fees and estimated future Town administrative, planning, legal and engineering fees incurred in processing this request. If the escrow amount is depleted, I agree to furnish additional monies as requested by the Township within 10 days of such request. I understand that any amounts not utilized from this escrow fund shall be returned to me, without interest, when all financial obligations to the Township have been satisfied. **All fees and expenses are due whether the application is approved or denied.**

I understand and agree that all Township-incurred professional fees and expenses associated with the processing of this request and enforcing the terms of this agreement including, but not limited to, attorney's fees are my responsibility as the property owner and will be promptly paid by myself upon billing by the Town in the event the escrow fund is depleted. I further understand and agree that as the property owner I must make said payment within 10 days of the date of the invoice. Bills not paid within the 10 days of request for payment by the Township shall accrue interest at the rate of 6% per year. Further, if I fail to pay said amounts when due, then the Town may certify such costs against any property owned by me within the Town limits for collection with the real estate taxes and/or take necessary legal action to recover such costs and I agree that the Town shall be entitled to attorney's fees and other costs incurred by the Township as a result of such legal action. I knowingly and voluntarily waive all rights to appeal said certification of such expenses against my property under any applicable Minnesota Statutes.

Applicant: _____ Date: _____

Property Owner: _____ Date: _____

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials submitted in support of this application are in compliance with adopted Township policy and ordinance requirements and are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established Township review procedures and Minnesota Statutes 15.99 at such time as it is determined to be complete. Pursuant to Minnesota Statutes 15.99, the Town will notify the applicant within fifteen (15) days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the Town may be cause for denying this application.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Signature of Property Owner: _____ Date: _____