

Date Received: _____

Fee Amount: \$395.00

Date Paid: _____

Application for Ordinance Text Amendment
City of Walker
205 Minnesota Avenue West
P.O. Box 207
Walker MN 56484

Phone: 218 547-5501 ~ Fax: 218 547-5513

Name: _____

Phone: _____

Address: _____

I/We, the undersigned make the following application to the City Council and Planning Commission of Walker, Minnesota. Applicant has the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements.

1. Application is hereby made to amend the Zoning Ordinance, Section: _____
Subd: _____ Item: _____

2. Current Text: Attach as "Exhibit A".

3. Proposed Text: Attach as "Exhibit B".

4. Is the text amendment consistent with the City of Walker's Comprehensive Plan?
Yes _____. No _____. If "No", an amendment to the Comprehensive Plan must be approved prior to this request.

5. Reason for requesting the text amendment:

6. Attach additional material submission requirements as indicated by the City.

Applicant Signature _____

Date _____

APPLICATION FEES AND EXPENSES:

The City of Walker requires all applicants to reimburse the City for any and all costs incurred by the City to review and act upon applications.

The application fee includes administrative costs which are necessary to process the application. The escrow fee will include all charges for staff time by the City Administrator, City Attorney, City Engineer and/or any other staff/consultants needed to process the application.

The City will track all consultant costs associated with the application. If these costs are projected to exceed the money initially deposited to your escrow account, you will be notified in the manner that you have identified below that additional monies are required in order for your application process to continue. If you choose to terminate the application (notice must be in writing), you will be responsible for all costs incurred to that point. If you choose to continue the process you will be billed for the additional monies and an explanation of expenses will be furnished. Remittance of these additional fees will be due within thirty (30) days from the date the invoice is mailed. If payment is not received as required by this agreement, the City may approve a special assessment for which the property owner specifically agrees to be assessed for 100 percent per annum and waives any and all appeals under Minnesota Statutes Section 429.081 as amended. *All fees and expenses are due whether the application is approved or denied.*

With my signature below, I hereby acknowledge that I have read this agreement in its entirety and understand the terms herein. *I agree to pay to the City all costs incurred during the review process as set forth in this Agreement.* This includes any and all expenses that exceed the initial Escrow Deposit to be paid within thirty (30) days of billing notification. I further understand that the application process will be terminated if payment is not made and application may be denied for failure to reimburse City for costs. I further understand that the City may approve a special assessment against my property for any unpaid escrows and that I specifically waive any and all appeals under Minnesota Statutes 429.081, as amended.

I wish to be notified of additional costs in the following manner:

- e-mail _____ USPS certified mail
- fax _____

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 City policy, and ordinance requirements are complete to the best of my knowledge.

I acknowledge that I have read the statement entitled "Application Fees and Expenses", as listed above. I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes Section 15.99, the City will notify the Applicant within fifteen (15) business days from the filing date of any incomplete or additional information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.

Applicant: _____ Date: _____

Owner: _____ Date: _____