

## CITY OF HERMANTOWN SUBDIVISION APPLICATION

#### **Subdivision Plan Approval Fees**

- Preliminary \$350.00
- Final \$300.00
- Combined Process \$600.00

Subdivision Application:

Submit the following to the City Clerk's Office

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•	Application Fee:
•	(You will also be required to pay all assessed additional staff review costs incurred.)  Application for Zoning Certificate:
_	Plat Plan showing the locations, dimensions, and nature of any structure involved,
•	including setbacks from property lines:
•	A copy of the Certificate of Title, Abstract of Title, or Title Opinion showing the legal description and the current fee owner of the property which will be affected by the Commercial-Industrial Development Permit, and written consent of the fee owner(s) of the property (refer to Resolution #83-04):
•	Names and addresses of all property owners within 350' of the affected property:

Upon receipt of the above information, a public hearing to held by the Planning and Zoning Commission will be scheduled. The Planning and Zoning Commission meets the third Tuesday of each month. In order to be placed on a particular Planning and Zoning Agenda, the above information must be submitted to the Clerk's Office one month before the scheduled meeting.

Notice of the public hearing will be published in the Hermantown Star at least 10 days prior to the public hearing, and all property owners within 350' of the affected property will be notified.

#### **Zoning Certificate Application**

Application Numbers	
Applicant Information	
• Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	
Owner Information	
• Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	
Property Information	
Land Address:	
Plat and Parcel:	
Legal Description:	
Activity Proposed:	
Note: Attach plan showing the location, dimensions, and nature of any structure involve setbacks from property lines.	ed, including
The undersigned does hereby make application for a zoning certificate for the activity of this is only an application, it does not represent or guarantee approval.	described herein.
Signature:	
Printed Name:	
Date:	
Office Use Only	
• Fee:	
Payment Date:	
Receipt Number:	

### Amount Due for Rezoning Application: \$\_\_\_\_\_

Applicant Information		
• Name:		
Address:		
Telephone Number:		
E-mail Address:		
Case Number:		
Authorized Representative:		
Legal Description:		
Address (if different from above):		
Proposed Setbacks		
Side Yard Nearest (in feet):		
Side Yard Farthest (in feet):		
<ul> <li>Front Yard Right of Way (in feet):</li> </ul>		
<ul> <li>Front Yard Road Center Line (in feet):</li> </ul>		
Rear Yard Shoreline (in feet):		
Present Zoning:		
Proposed Zoning:		
Description of Request:		_
Justification of Request:		
Sketch Required:		
Sketch Received:		
I hereby certify that I am the owner or authorized agent		
of the owner of the above property and that all uses	Topposson V	Varning - Data Practice Advisory
will conform with existing State Laws and local	Some or all of the informati	on that you are asked to provide on the attached
ordinances. I further certify that I will comply with all	is information, which gener	tate law as either private or confidential. Private data ally cannot be given to the public, but can be given
conditions placed upon this permit should this		confidential data is information which generally ne public or the subject of the data. Our purpose and
application or any attachments thereto will serve to		ation is to consider your application. You are not his information. You may refuse to provide this:
make this application and any resultant permit invalid.		nces of supplying or refusing to supply data are that e considered or it may be denied. Other persons or
Signature:	entities may be authorized	by law to receive the information.
		Hermantown
Printed Name:		THE TOTAL STATE OF THE TOTAL STA
Date:		
Mobile Home Information - Make:	Year of Ma	nufacture:
Serial Number:	Width:	Length:



# CITY OF HERMANTOWN ZONING CERTIFICATE APPLICATION

	Application Number:	(Assigned by City Official)
Applic	ant Information	
•	Name:	
•	Address:	
•	Telephone Number:	
•	Fax Number:	
•	E-mail Address:	
Owne	r Information	
•	Name:	
•	Address:	
•	Telephone Number:	
•	Fax Number:	
•	E-mail Address:	
Prope	rty Information	
•	Land Address:	
•	Plat/Parcel Number:	
•	Legal Description:	
•	Activity Proposed:	
Note:		
•	Attach plat plan showing the location, dim including setbacks from property lines.	ensions, and nature of any structure involved,
	ndersigned does hereby make application for . This is only an application, it does not repr	or a zoning certificate for the activity described esent or guarantee approval.
	, , , , , , , , , , , , , , , , , , , ,	
Signat	ure:	Tennessen Warning - Data Practice Advisory
Date:		Some or all of the information that you are asked to provide on the attached application is classified by state law as either private or confidential. Private data
Office	Use Only:	is information, which generally cannot be given to the public, but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data. Our purpose and
•	Fee:	intended use of this information is to consider your application. You are not legally required to provide this information. You may refuse to provide this

Payment Date:\_\_\_\_\_

Receipt Number:\_\_\_\_\_

information. The consequences of supplying or refusing to supply data are that

Hermantown

your application may not be considered or it may be denied. Other persons or

entities may be authorized by law to receive the information.