

City of Wahkon

Application and Review Process

City of Wahkon
151 2nd Street E.
P.O. Box 8
Wahkon, MN 56386
(320) 495 3441
Fax (320) 495 3441

No.: _____
Base Fee: _____ Pd. _____
Escrow Amt: _____ Pd. _____
Date Filed: _____
Date Accepted: _____

Choose the type of application in request:

<input type="checkbox"/> Variance	<input type="checkbox"/> Site & Building Plan	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Rezone
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1. Street Location of Property: _____

2. Legal Description of Property: _____

3. Property Owner Information:

Last Name: _____ First Name: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email Address: _____

4. Applicant Information (if other than owner):

Last Name: _____ First Name: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email Address: _____

5. Zoning Designation: _____

6. Anticipated timeframe to complete the project: _____

7. Statement of Intent: State exactly what is intended to be done on or with the property which does not conform to City Code requirements.

Please note that planning applications are due the **FIRST FRIDAY** of each month in order to be placed on the Council Agenda the following month.

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I understand that the application will be processed for the next available meeting agenda after review of the information submitted to determine if any other data is needed and after completion of a staff report.

I agree to provide to the City, in cash or certified check, for deposit in an escrow fund, the amount of \$ _____ as partial payment for estimated future City administrative, legal, planning, and engineering fees incurred in processing this request. If the escrow amount is depleted, I agree to furnish additional monies as requested by the City. I understand that any amounts not utilized from this escrow fund shall be returned to me, without interest, when all financial obligations to the City have been satisfied. I understand and agree that all City incurred professional fees and expenses associated with the processing of this request are the responsibility of the property owner and should be promptly paid by the property owner upon billing by the City in the event the escrow fund is depleted. If payment of the City incurred expenses is not received from the property owner within thirty days of billing, the property owner acknowledges and agrees to allow the unpaid fee balance to be placed as special assessment against the property.

In accordance with State law the applicant must indicate the Contractor's name, address, phone number and License number who will be performing the construction, remodeling, etc. or hereby sign that they are the person(s) performing the work as described above. (If the Contractor is not licensed he/she must provide a copy of the State Exemption Certificate as in compliance with the Department of Commerce.

PLEASE NOTE THAT THIS APPLICATION MUST BE SIGNED BY THE APPLICANT AND 100% OF THE PROPERTY OWNERS OF THE PROPERTY SUBJECT TO THE APPLICATION.

Signature(s): By signing below, you confirm that the information above and attached is true and correct to the best of your knowledge.

Property Owner(s): _____ Date: _____

Property Owner(s): _____ Date: _____

Applicant(s): _____ Date: _____

Applicant(s): _____ Date: _____

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