

CITY OF MANHATTAN BEACH
LOT SPLIT(METES & BOUNDS)/REZONING APPLICATION

APPLICATION:

- A. Applicant shall complete Application and submit to Zoning Administrator.
- B. All applications must be submitted **30 days** prior to the Planning and Zoning meeting in which applicant wishes to be heard.
- C. The fee shall be paid by the applicant at the time of application.

REVIEW:

- A. The Zoning Administrator shall review the application for completeness and assign a reference number to application, plans, and any other attachments. Applicant will be notified where additional information is needed.
- B. After receipt of a completed Application and supporting documents, the Zoning Administrator shall schedule a public hearing date on the Planning Commission's agenda for the earliest possible opening. Applicant will be notified by mail or email of the date and time of the public hearing.
- C. Zoning Administrator will prepare a Staff Report on the application.
- D. The Fee Schedule is based on average processing and review costs for all applications. When costs exceed the original application fees, the applicant shall reimburse the City for any additional costs. Such expenses may include, but are not limited to, payroll, mailing costs, consultant fees and other professional services the City may need to obtain in reviewing permits.

ACTION:

- A. The Planning Commission shall hold a public hearing on the application.
- B. At the conclusion of the public hearing, and after consideration of the testimony presented, the Planning Commission shall make a recommendation to the City Council.
- C. The City Council shall consider the Planning Commission's recommendation at the next scheduled Council Meeting.

APP # _____
Date _____
Fee _____
Check# _____
(for office use only)

CITY OF MANHATTAN BEACH
LOT SPLIT/ REZONING APPLICATION

Name of Applicant _____ Phone _____

Property Address (E911#) _____

Mailing Address _____ E-mail _____
(if different than above)

City, State, Zip _____

Applicant is:		Title Holder of Property <i>(if other than applicant)</i>
Legal Owner	<input type="checkbox"/>	_____
Contract Buyer	<input type="checkbox"/>	(Name) _____
Option Holder	<input type="checkbox"/>	_____
Agent	<input type="checkbox"/>	(Address) _____
Other _____		_____
		(City, State, Zip)

Signature of Owner, authorizing application (required): _____
 By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

Signature of Applicant *(if different than owner)*: _____
 (By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

Location of property involved in this request:

Property ID # _____ Zoning District _____
 (15 digit # on tax statement)

Nature of request (select only one):

Subdivision -Metes and Bounds

Rezoning Proposed New Zoning District _____

Additional Information you wish to provide:

CHECKLIST

- _____ Completed application, signed by property owner
- _____ Fee
- _____ All current City charges paid
- _____ Survey or Legal Description (6 copies to be provided)
- _____ Site plan with the minimum information outlined in the Ordinance (unless waived by zoning Administrator):

CONTACT INFORMATION

Planning and Zoning
Administrator:

Darrin Welle
National Joint Powers Alliance
PO Box 219
Staples, MN 56479
Phone: (218) 895-4142