



CITY OF INVER GROVE HEIGHTS

8150 Barbara Avenue
Inver Grove Heights, MN 55077
(651) 450-2545
www.ighmn.gov

ZONING CODE AMENDMENT

The following must be submitted prior to review and processing a request. If you have any questions, please contact the Planning Department at 651-450-2545.

- A completed Planning Application Form with the appropriate fees.
- A draft of the language for the Code Amendment or a written description of what the Code Amendment is to address.
- Please submit any additional information which may be beneficial such as plans, ordinances from other cities etc.



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PLANNING APPLICATION FORM

SECTION 1 APPLICANT INFORMATION

Applicant Name: _____ Contact Name: _____
Mailing Address: _____ Mailing Address: _____

Daytime Phone: _____ Daytime Phone: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____

SECTION 2 SITE & PROPERTY OWNER INFORMATION

Site Address: _____ County Tax PIN: 20-_____
Legal Description (or attach separately): _____

Owner Name (If different from above): _____
Owner Email: _____
Owner Mailing Address: _____

SECTION 3 APPLICATION TYPE

_____ Variance	_____ Conditional Use Permit	_____ Major Site Plan Review
_____ Rezoning	_____ Preliminary Plat	_____ Planned Unit Dev
_____ Comp Plan Amendment	_____ Final Plat	_____ Zoning Code Amendment
_____ Waiver of Plat	_____ Admin Sub	_____ Other: _____

SECTION 4 OTHER INFORMATION

Attach the written description, plans and other required documents (See Petitioner's Instructions.).
I attest that the information contained in this application is true and correct to the best of my knowledge.

APPLICANT SIGNATURE: _____

OWNER SIGNATURE: _____

OFFICE USE ONLY	
Case Number: _____	Planning Review Committee Date: _____
Date Accepted: _____	Planning Commission Date: _____
Accepted By: _____	Park & Rec. Commission Date: _____
Receipt #: _____	City Council Date: _____
Escrow #: 702-229. _____	60 Day Deadline: _____

REQUEST TYPE	BASE FEE	ABSTRACT FEE	GIS FEE	ESCROW*	TOTAL
Administrative Subdivision	\$200		\$25/lot		\$
Comprehensive Plan Amendment	\$500		\$50	\$2,500	\$
Comprehensive Plan Amendment - Minor	\$200			\$250	\$
Conditional Use Permit	\$500	\$52		\$6,000	\$
Conditional Use Permit - Amendment	\$150	\$52		\$1,000	\$
Conditional Use Permit - single-family residential	\$250	\$52			\$
Determination of Substantially Similar Use	\$200			\$200	\$
Final Plat - single family	\$500	\$52	\$25/lot	\$6,000	\$
Final Plat - other (i.e. Commercial or Industrial)	\$200	\$52	\$100/acre	\$6,000	\$
Interim Use Permit	\$500	\$52		\$1,250	\$
Major Site Plan Review	\$500			\$6,000	\$
Non-Conforming Use Certificate	\$500	\$52		\$1,250	\$
Northwest Area Environmental Studies Fee (Paid with Final Plat/PUD in NWA)	\$80/gross acre				\$
Northwest Area Sketch Plan Review				\$1,000	\$
Planned Unit Development (PUD) - Preliminary	\$1,000 + plat fees	\$52		\$6,000	\$
Planned Unit Development (PUD) - Final	\$500	\$52		\$6,000	\$
Planned Unit Development - Amendment	\$250	\$52		\$2,000	\$
Preliminary Plat	\$500 + \$5 per lot			\$6,000	\$
Rezoning	\$500		\$50	\$500	\$
Street Dedication	\$150	\$52	\$50		\$
Street/Easement Vacation	\$150	\$52	\$50	\$500	\$
Variance	\$200	\$52			\$
Waiver of Plat	\$300	\$52	\$25		\$
Wetland Replacement Plan	\$200		\$100/acre	\$2,500	\$
Zoning Code Amendment	\$500			\$500	\$
Zoning Code Amendment - Minor	\$100			\$250	\$
Zoning Interpretation Appeal	\$500			\$1,000	\$
TOTAL CUMULATIVE FEES	\$ Code "AV"	\$ Code "AV"	\$ Code "CB"	\$ Acct. #	\$

*The above escrow amounts represent the minimum deposit required. Additional escrow amounts may be required depending upon the size, complexity, and scope of project.

**CITY OF INVER GROVE HEIGHTS, MINNESOTA
PLANNING DIVISION**

PROPERTY ACCESS CONSENT FORM

This is to certify that on _____, 20____, I, _____,
owner of property described as follows (address or legal description):

filed a request, (or authorized, by my signature, the filing of a request) with the Inver Grove Heights Planning Division for _____ on the described property. By filing the above referenced request, I hereby consent to permit access to said property, at any reasonable time, to members of City Staff, the Planning Commission, and the City Council for purposes of viewing the site and information gathering that is pertinent to the request.

Property Owner

Dated: _____

(Please return this completed form to the Planning Division at the time of application for your planning request. If the Consent Form is not returned with your Planning Application Form, it will be assumed that you do not wish to grant access to your property for the stated purpose. A copy of the Consent Form will be retained in the planning file relative to your case. The consent granted by virtue of this form expires upon final City Council action relative to your request.)

OFFICE USE ONLY

Case No: _____

Applicant: _____



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Dear Applicant:

As outlined in the Planning Application Form, the City of Inver Grove Heights requires a cash escrow deposit to cover all costs directly related to processing your application. These costs include City staff time, administrative costs, and costs for any consultants essential to complete the application's review.

The City makes every effort to minimize the cost of reviewing your application. To be most effective at this, it is important that you submit complete documents, plans, and designs. Incomplete submittals typically result in increased review time and may require more of the City's consultants to become involved in the review. For example, if the City Attorney is required to draft legal documents that your attorney could draft, your escrow account would have to cover the City Attorney's time.

If your escrow deposit is depleted before the application is concluded, you will be required to make an additional deposit. In all cases, any negative balance in your escrow account will need to be paid prior to releasing City approvals of your application. Excess escrow will be refunded to you after final action is taken by the City Council and all billings are posted to your account.

Please contact the City Planner at 651-450-2554 if there are unanswered questions or you are unsure how to proceed.

Sincerely,

CITY OF INVER GROVE HEIGHTS

Acknowledgement by applicant that this letter has been read and understood:

(Applicant's signature)

(date)