



Hanover, MN 55341-0278
 Phone: 763.497.3777 fax: 763.497.1873
www.hanovermn.org
cityhall@ci.hanover.mn.us

For Office Use Only	
Case Number:	
Fee Paid:	
Received by:	
Date Filed:	
Date Complete:	
Base Fee: _____	Escrow: _____

DEVELOPMENT APPLICATION

TYPE OF APPLICATION		
<input type="checkbox"/> Annexation <input type="checkbox"/> Appeal <input type="checkbox"/> Comprehensive Plan Amendment <input type="checkbox"/> Ordinance Amendment (Text or Map) <input type="checkbox"/> Planned Unit Development (Concept/Gen)	<input type="checkbox"/> Site Plan & Building Plan <input type="checkbox"/> Sketch Plan <input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Variance <input type="checkbox"/> Vacation	<input type="checkbox"/> Simple Land Division <input type="checkbox"/> Subdivision Sketch Plan <input type="checkbox"/> Preliminary Plat <input type="checkbox"/> Final Plat <input type="checkbox"/> Other _____
PROPERTY INFORMATION		
Street Address:		
Property Identification Number (PIN#):		
Legal Description (Attach if necessary):		
APPLICANT INFORMATION		
Name:		Business Name:
Address:		
City	State:	Zip Code:
Telephone:	Fax:	E-mail:
Contact:		Title:
OWNER INFORMATION (if different from applicant)		
Name:		Business Name:
Address:		
City	State:	Zip Code:
Telephone:	Fax:	E-mail:
Contact:		Title:
DESCRIPTION OF REQUEST (attach additional information if needed)		
Existing Use of Property:		
Nature of Proposed Use:		
Reason(s) to Approve Request:		
PREVIOUS APPLICATIONS PERTAINING TO THE SUBJECT SITE		
Project Name:		Date of Application:
Nature of Request:		
NOTE: Applications only accepted with ALL required support documents. See Application Instructions and City Code		

APPLICATION FEES AND EXPENSES:

The City of Hanover required 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 Planner, City Engineer, City Attorney, and/or any other consultants as 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 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 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 _____ Fax _____ USPS – Certified Mail

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 as amended, at such time as it is determined to be complete. Pursuant to Minnesota Statutes Section 15.99, the City will notify the applicant within fifteen (15) business days from the filing date of any incomplete or other 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: _____

NOTE: Applications only accepted with ALL required support documents.
See Application Checklist and City Code



SUPPLEMENTAL APPLICATION – REZONING

Name: _____

Phone: _____

Address: _____

PID #: _____

1. Application is hereby made for rezoning certain properties from _____ (zoning classification) to _____ (zoning classification)

2. Name, address and phone number of present owner(s) of land proposed for rezoning: _____

3. Is the rezoning request consistent with the Hanover Comprehensive Plan?

_____ Yes _____ No

If no, an amendment to the Comprehensive Plan must be approved prior to this request.

4. Will the rezoning of this parcel(s) result in spot zoning? _____ Yes _____ No

Explain: _____

5. Persons, firms, corporations, etc. other than applicant and present owner who may or will be interested in above described land or proposed improvements within one year of permit issuance.

6. Can the proposed use be accommodated with existing City services without overburdening the system? Please explain. _____

7. Are local streets capable of handling traffic which is generated by the proposed use? Please explain. _____

8. Attach to this application a site plan including all required material as identified in the “Required Material Submission Checklist” for Zoning Amendment Applications. Please include a map illustrating the area in question.

Applicant Signature: _____

Date: _____

Owner Signature: _____

Date: _____