TODD TOWNSHIP ZONING MAP AMENDMENT APPLICATION

Application Fee: \$1,250	THE NO	Receipt No			
Applicant(s):		Phone:			
Applicant Email:					
Applicant Mailing Address:					
For the property to be re-zoned:					
Parcel ID:					
Property Address:					
Legal Description:					
Note: Attach additional sheets	if necessary				
1. <u>Current</u> zoning classification	n of the subject property (check	one):			
Agricultural	Rural Residential	Commercial			
2. Proposed zoning classification	on of the subject property (check	k one):			
Agricultural	Rural Residential	Commercial			
3. Reason(s) for requested chan	ge:				
Applicants Signature:		Date:			

WHAT HAPPENS NEXT? Staff will review your application and determine if the application is complete. If the application is complete, the application will be scheduled for discussion and a Public Hearing with the Township Planning Commission. It typically takes 6-8 weeks from the time a complete application is submitted until the Town Board issues final approval or denial of the Ordinance Map Amendment.

TODD TOWNSHIP

AGREEMENT TO PAY COSTS RELATED TO PROCESSING OF APPLICATION

WHEREAS,	("Applicant")	(Agent for Applicant),
located at	REAS, ("Applicant") (Agent for Applicant") (_, Twp 140, Range 35) has
applied to Todd Township ("Township")	for a;	and	
WHEREAS, the Town Board desir Application including, but not limited to, special meeting costs, and any other pro Application, and;	administrative costs, recordin	g costs, Attorney review	and Engineer costs, any
WHEREAS, the Township is willing said Applicant pays all costs incurred by the said Applicant pays all costs in the said Applicant pays all costs and the said Applicant pays all costs and the said Applicant pa			ication") provided that
NOW, THEREFORE, the Township	o and Applicant agree as follow	vs:	
The Township shall process the Applicati	on consistent with Minn. Stat.	Chapter 462.	
Applicant shall escrow with the Township use in reimbursing the Township's expention Township may draw upon said Surety to	ditures in processing the Appl	ication and enforcing th	
The Applicant shall maintain the Surety in fully processed and shall replenish the Surety falls below said minimum, and Ap Township, the Township may take any le	rety as necessary to maintain plicant fails to replenish the So	said minimum amount. urety within 10 days afte	In the event that the er notification by the
It is understood and agreed that the App planning, engineering and other professi said Application or this Agreement. Appl Township. Bills not paid within 30 days of Further, if Applicant fails to pay said among specially assess such costs against Applicant and all rights to appeal the assessment	onal costs incurred in the crea licant agrees to pay all such re of billing by the Township shall ounts within the time permitte ant's property within the Tow	tion, administration, en asonable costs within 30 accrue interest at the ra d by this Agreement, the nship. Applicant knowin	forcement or execution of O days of billing by the ate of 6% per year. en the Township may ngly and voluntarily waives
Applicant understands that this Agreeme	ent shall in no way obligate the	e Township to approve t	he Application.
If any provision contained in this Agreem affected thereby.	ent is held invalid, the validity	of the remainder of the	e Agreement shall not be
This Agreement represents the full and c Party is relying on any prior Agreements modified, if at all, with the signed writter	or understandings, whether o		•
OWNER(S)/AGENT			
Name:		Date:	
Name:		Date:	

TODD TOWNSHIP HUBBARD COUNTY STATE OF MINNESOTA

RIGHT TO ENTER

I / We	_ hereby swear that all of the information
included in this application with attached materials is t	rue and correct.
We further give the Township and its designated rep at reasonable times during the application proces inspections or to subsequently check for compliance	s and thereafter to make any necessary
Township Ordinances.	
Applicant Signature	Date
Applicant Signature	 Date

TODD TOWNSHIP HUBBARD COUNTY STATE OF MINNESOTA

AFFIDAVIT OF OWNER / AGENT FORM

STATE OF MINNESOTA)	
) ss. COUNTY OF HUBBARD)	
I/We,a	d, property owner(s) of the
legally described property below, do hereby	uthorize, to act as my / our
Agent and to negotiate and address all proce	dings in relation to said application on my behalf. Applicant
agrees that all costs, charges, and decisions 1	ade by the above Agent on behalf of the Applicant will be
paid by the Applicant. Should Applicant not	ay said costs and charges, the Township reserves the right to
place them on their taxes for recovery pursua	nt to M.S. 366.012 and/or M.S. 429.101.
Property: Parcel Identification Number: _	
Township Range Section	, described as follows:
	OWNER
	OWNER
	A CITALITY
	AGENT
ATTEST:	
Subscribed and Sworn to before me this _	day of
Notary Public	