

# City of Orono Amendment Application

☐ Comprehensive Plan / ☐ Ordinance Text / ☒ Zoning Change (check one)



Street Address:  
2750 Kelley Parkway  
Orono, MN 55356  
  
Main: 952-249-4600  
fax: 952-249-4616  
Mailing Address:  
P.O. Box 66  
Crystal Bay, MN 55323-0066

Application #	17-3944
Date Received:	5-17-17
Staff :	JB
Fee:	\$700 Pd CK 1607
Escrow:	\$700 Pd CK 1607
Notes	

Please complete. Applicant will be notified within 15 days as to the status of the application.  
Incomplete applications will not be placed on Planning Commission Agendas.

SITE LOCATION: 2520 Shadynood Rd Orono, MN 55331

APPLICANT INFORMATION: ☐ check here if Applicant address should be used for billing

Applicant: Westwood Professional Services  
Phone (Primary): (952) 937-5150  
Mailing Address: 7699 Anagram Drive City: Eden Prairie ZIP: 55344  
Email: tom.goodrum@westwoodps.com

PROPERTY OWNER INFORMATION: ☐ check here if Property Owner is same as applicant  
☒ check here if Property Owner address should be used for billing

Name: UGORETS 8098 LLC  
Phone (Primary): (612) 363-3321  
Mailing Address: 410 11th Ave South City: Hopkins ZIP: 55343  
Email: alex@midlandglass.com

## APPLICANT AND/OR PROPERTY OWNER:

- Certify that the information supplied is true and correct to the best of his/her knowledge. The applicant and property owner recognize that they are solely responsible for submitting a complete application being aware that upon failure to do so, the staff has no alternative but to reject it until it is complete or to recommend the request for denial of the request regardless of its potential merit.
- The Property Owner hereby acknowledges and agrees to this application and further authorizes reasonable entry onto the property by City Staff, consultants, agents, Commission and Council Members for purposes of investigation and verification of this request.
- Property Owner and/or Applicant acknowledge they must be present at all scheduled review meetings of the Planning Commission and Council. If an applicant and/or property owner is unable to attend a scheduled meeting, please make arrangements to have an authorized representative attend in place of the applicant/owner and advise the City Planner assigned to your project.
- Information will be distributed via email

Applicant Signature: [Signature]

Date: 5/17/17

Applicant Signature: [Signature]

Date: 5/15/17

Property Owner Signature: [Signature]

Date: 5/15/17

Property Owner Signature: [Signature]

Date: 5/15/17

**RECEIVED**



# City of Orono

## Pre-Application Meeting Form

(This form is to be completed by a City Planner during your pre-application meeting.)

### For Office Use Only:

City Planner: \_\_\_\_\_

Meeting Date/Time: \_\_\_\_\_

PC Date: \_\_\_\_\_

Met with: \_\_\_\_\_

### What is the purpose of a pre-application meeting?

Pre-application meetings aid the applicant in preparing a complete proposal, inform them of the procedures and requirements of the city code, and identify policies or regulations that create opportunities or problems for the proposal.

### PROPERTY INFORMATION:

Site Address: 2520 Shadywood Rd Orono, MN 55331

Property Identification Number (PIN): 20-117-23-11-0038

Zoning District: B-4 (Office/Prof.) Size of Property: 2.63 AC (114,779 SF)

### LAND USE REQUESTS:

<input type="checkbox"/> Appeal of Administrative Decision	<input type="checkbox"/> Commercial Site Plan Review	<input type="checkbox"/> Comprehensive Plan Amendment	<input type="checkbox"/> Easement / ROW Vacation, without subdivision
<input type="checkbox"/> PID	<input type="checkbox"/> PUD - Residential <input type="checkbox"/> PUD - Commercial	<input type="checkbox"/> RPUD, without subdivision	<input checked="" type="checkbox"/> Ordinance Amendments including Rezoning
<input type="checkbox"/> Other: _____			

### CONDITIONAL USE PERMIT REQUESTS:

<input type="checkbox"/> Amend Existing CUP	<input type="checkbox"/> Commercial / Industrial Use	<input type="checkbox"/> Duplex Credit (per bldg)	
<input type="checkbox"/> Grading and filling – 501 cy or more	<input type="checkbox"/> Grading and filling – Wetland and flood plain	<input type="checkbox"/> Grading and filling – with 75 feet of OHWL (includes seawalls and retaining walls)	
<input type="checkbox"/> Guest House / Guest Apartment	<input type="checkbox"/> Institutional Type: _____	<input type="checkbox"/> Renewal of CUP	<input type="checkbox"/> Residential / Residential Accessory Use Type: _____

Applicant's Initials: TC	<b>BILLS AND ESCROW:</b> The land use application fee is for city staff time and overhead costs only. Property owner and/or Applicant shall pay for consultant expenses incurred in review of this application and/or additional staff time not covered in initial application fee, as well as provide an escrow in the amount of \$_____ to guarantee payment of the above.
Property Owner's Initials: dy	

### OTHER INFORMATION:

**\*Please note:** Your site plan application will NOT be accepted without a pre-application meeting during which this form will be completed by City staff.

Applicant Signature: \_\_\_\_\_

Date: 5/14/17

Property Owner Signature: \_\_\_\_\_

RECEIVED: 5/15/17

# **DATA PRIVACY ADVISORY**

In accordance with Minnesota State Statute 13.04 Rights of Subjects of Data, Subd. 2, "Tennessee warning", we would like to inform you that your request for a permit or license from the City of Orono or any of its departments may require you to furnish certain private or confidential information.

You are notified that:

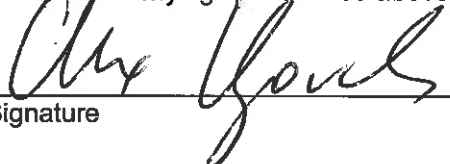
1. The information you furnish will be used to determine your qualification for the permit or license requested.
2. You may refuse to supply data, but refusal may require that the City deny the permit or license.
3. The information may be shared with other local, state or federal agencies to the extent necessary to process the permit or license.
4. If your requested permit or license requires Council action to approve, some information may become public.
5. You have certain rights under Minnesota State Statute 13.04 (see following page) to review private data on yourself.
6. Your full name is required to process this application or permit.

Alexander		Ugorets
First	Middle	Last

410 11th Ave South  
Address

Hopkins	MN	55343	(612) 363-3321
City	State	Zip	Phone

I understand my rights as stated above.

 5/15/17  
Signature

RECEIVED

MAY 17 2017

CITY OF ORONO