



**ZONING ORDINANCE AMENDMENT**  
**APPLICATION PROCEDURES**  
**Empire Township**  
**Dakota County, Minnesota**

1. Obtain this Application form from the Township Clerk or at the Town Hall.
2. Complete the application, pay fees, and provide any required documentation.
  - A public hearing will be set with the Township Planning Commission.
  - A notice for the Public Hearing must be published in the official Township newspaper at least 10 days prior to the scheduled public hearing date.
  - A notification by mailing (for any rezonings) to adjacent property owners within 350 feet of the subject parcel, or the nearest ten property owners, whichever is greater, will also be notified.
3. The Township Planning Commission will make a recommendation to the Town Board. The Town Board must take action on the Application within 60 days based upon the recommendations of the Planning Commission, unless the review period is extended in writing to 120 days.

**Responsibility for Costs**

Empire Township has adopted ordinances that require reimbursement of costs associated with the review of any development proposals, ordinance or comprehensive plan amendments under consideration by the Township. These costs may include planning, engineering and legal fees. Payment of fees associated with reviews, in addition to the permit fees, will be the responsibility of the applicant, and payment will be required prior to final approval by the Township.

**The Planning Commission meets the 1st and 3rd Tuesdays of the month at 8:00 pm at the Town Hall, 3385 197<sup>th</sup> Street West. The Town Board meets the 2nd and 4th Tuesdays.**

**Phone (651) 463-4494 Fax (651) 463-4620**

**ZONING ORDINANCE AMENDMENT APPLICATION**  
**Empire Township**  
**Dakota County, MN**

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Applicant: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Last Name                      First                      MI

Address: \_\_\_\_\_  
\_\_\_\_\_

Owner (If different from applicant): \_\_\_\_\_

Legal Description of Property (for Rezoning Only):

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Addition: \_\_\_\_\_

Metes and bounds description attached: \_\_\_\_\_

Existing Zoning (for Rezoning): \_\_\_\_\_ Proposed Zoning Classification: \_\_\_\_\_

For Zoning Text Amendment Describe Purpose And Nature Of Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Non-refundable Application Fee: **\$250.00**  
Consultant Escrow: **\$1000.00**  
Total: **\$1250.00**

**AGREEMENT: I hereby certify that the information contained herein is correct, and agree to pay all fees and other costs to review the application that are incurred by the Township for professional consultants.**

Dated: \_\_\_\_\_

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