



## **General Zoning Application Form Information Sheet**

1. Please fill out and sign the Application Form
2. Include any required submission materials as specified by City Ordinances or the Zoning Administrator
3. Include the designated application fee
4. The following zoning requests require a public hearing by the Red Wing Planning Advisory Commission:
  - Conditional Use Permit
  - Interim Use Permit
  - Variance
  - Rezoning
  - Preliminary Plat
  - Planned Unit Development
  - Zoning Text Amendments

The application for all of these requests, and Minor Subdivisions, must be completed and returned to Red Wing Community Development Department, 419 Bush Street, Red Wing, MN 55066, by the date shown in the attached application calendar in order to meet the Public Hearing requirements and to be considered at that month's Planning Commission meeting.

Any questions regarding the application or application process should be directed to the Steve Kohn at (651)-385-3622 or [steve.kohn@ci.red-wing.mn.us](mailto:steve.kohn@ci.red-wing.mn.us).



Project Number: \_\_\_\_\_

## General Zoning Application Form

This application form is required as part of any request to process the planning actions listed below. The City of Red Wing requires specific material to be submitted in conjunction with this form.

Applicant's Name: _____ Address: _____ City _____ State _____ Zip _____ Telephone: _____ Email: _____	Owner's Name: _____ Address: _____ City _____ State _____ Zip _____ Telephone: _____ Email: _____
Do you have a developer on this project? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Address: _____ Phone: _____ Email: _____	Do you have an architect /engineer on this project? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Address: _____ Phone: _____ Email: _____

Parcel Number: <u>55</u> - <u>  </u> - <u>  </u> Gross Acres: <u>  </u> Zoning: <u>  </u> (Full legal must be attached)		
Address of Project: _____		
<input type="checkbox"/> Administrative Subdivision <input type="checkbox"/> Annexation Application <input type="checkbox"/> Bed and Breakfast <input type="checkbox"/> Certificate of Compliance (STR - Owner Occupied, Fence Permit) <input type="checkbox"/> Certificate of Design Review <input type="checkbox"/> Combination of Parcels <input type="checkbox"/> Comprehensive Plan Amendment	<input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Easement Vacation <input type="checkbox"/> Environmental Assessment <input type="checkbox"/> Final Plat <input type="checkbox"/> Grading Permit <input type="checkbox"/> Minor Subdivision <input type="checkbox"/> Planned Unit Development <input type="checkbox"/> Interim Use - STR Non -Owner Occupied	<input type="checkbox"/> Preliminary Plat <input type="checkbox"/> Rezoning <input type="checkbox"/> Street & Alley Vacation <input type="checkbox"/> Variance <input type="checkbox"/> Zoning Appeal <input type="checkbox"/> Zoning Text Amendment <input type="checkbox"/> Other _____
Description of request: _____ _____ _____ _____ _____ _____		

☐ **Residential Development** How many residential units are being requested? Total units: \_\_\_\_\_

Single Family: \_\_\_\_\_ Condominiums: \_\_\_\_\_ How many lots will be created? \_\_\_\_\_

Duplex: \_\_\_\_\_ Townhomes: \_\_\_\_\_ Do you intend to market the units for sale? ☐ Yes ☐ No

Other: \_\_\_\_\_ Apartments: \_\_\_\_\_ Do you intend to market the units for rent? ☐ Yes ☐ No

**Authority to file application:** ☐ Ownership ☐ Power of Attorney ☐ Contract to purchase ☐ Other

I hereby certify that the above information and accompanying documents are true and accurate to the best of my knowledge and acknowledge that the process of this application may require additional fees and expenses for the preparation of necessary environmental documentation and planning studies.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

### For City of Red Wing Use Only

Application Base Fee: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Escrow Account Fee: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

Total Paid: \_\_\_\_\_ Date to APC: \_\_\_\_\_

City Review Expenses: \_\_\_\_\_ Date to CC: \_\_\_\_\_

Escrow Acct. Balance \_\_\_\_\_

Add'l Amount Owed / (Refund): \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Date Application is Complete: \_\_\_\_\_ 60 day review deadline: \_\_\_\_\_

Request for Extension Filed: \_\_\_\_\_ Extension deadline: \_\_\_\_\_

☐ Approved Date: \_\_\_\_\_

☐ Conditions for (IUP's, CUP's, planned developments, plats, and variances please see attached resolution)

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

☐ Denied Reasons for denial: \_\_\_\_\_

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

\_\_\_\_\_  
Zoning Administration





Project Number: \_\_\_\_\_

## Short – Term Rental (STR) Certificate of Compliance or Interim Use Permit Application

1. Will the home be Owner Occupied? **Yes or No**
2. Will the property be operated by someone other than the owner? **Yes or No** If yes, add operator/property Manager's information: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ E-mail: \_\_\_\_\_
3. I have contacted the Minnesota Department of Health about lodging license requirements: **Yes or No** Minnesota Lodging Rules, Chapter 4625: Lodging Establishments.

1. Number of legal bedrooms: \_\_\_\_\_ (Provide floor plan w/sq footage) Number offered to guests: \_\_\_\_\_
2. Maximum number of guests allowed by city code (formula is # of bedrooms for guests x 2 = + 1): \_\_\_\_\_
3. Number of off-street parking spaces on the property total: \_\_\_\_\_ How many for guests: \_\_\_\_\_ (provide site plan)  
Will the on-site parking be on an improved driveway, parking surface, or in a garage located on site: **Yes or No** If no, where will parking be provided for guests? \_\_\_\_\_
4. Is this Dwelling, one family or multiple family? \_\_\_\_\_ If multiple family, how many units are within the dwelling: \_\_\_\_\_ How many will be used for short term rental? \_\_\_\_\_
5. Per Division 55 -119 Short Term Rentals (STR), I agree to keep a report detailing use of the short-term rental by recording the full name, address, and phone number of the guest reserving the rental and a copy shall be provided to the Zoning Administrator upon request: **Yes or No**
6. I agree the short-term rental unit will be properly maintained and comply with all applicable building code, fire code, animal regulations, public nuisance regulations, and pass an initial state inspection: **Yes or No**
7. What websites will this Short-term rental be listed (VRBO, AirBnB, etc)? \_\_\_\_\_
8. Will the short-term rental be listed or advertised anywhere else? If so where: \_\_\_\_\_

### Please attach the following:

- ☐ A current exterior photo of the home, showing the address (can be submitted electronically to [lisa.acker@ci.red-wing.mn.us](mailto:lisa.acker@ci.red-wing.mn.us)) along with a site plan showing the location of on-site parking, if required in that zoning district, for short term guests.
- ☐ A floor plan of the interior of the home, showing the square footage and location of rooms that will be used as guest bedrooms and baths, along with the total square footage of space to be occupied by guests (may be hand drawn)
- ☐ \$550 application fee for interim use permit (non-owner occupied) or \$125.00 for certificate of compliance (owner occupied).
- ☐ Copy of lodging license from the MN Department of Health or proof of application **A copy of your lodging license from MDH must be submitted to the City prior to the arrival of your first guest. Contact MDH for license application, schedule inspection, license is issued after approval by MDH and fees have been paid to the State.**
- ☐ Provide proof of passing initial state home inspection (MDH requires at least 14 days advance notice of intended opening to schedule a preoperational inspection.)
- ☐ I have obtained an application to submit Hotel and Motel Sales Tax Return from the City of Red Wing and will begin submitting the monthly applicable tax upon on approval of this application.

Applicants Name: \_\_\_\_\_

Applicant's signature \_\_\_\_\_

\_\_\_\_\_ Date



## 2025 Zoning and Subdivision Application Calendar

Zoning and subdivision applications submitted to the Red Wing Community Development Department that require review by the Planning Commission and City Council will be processed on the following calendar.

<u>Month</u>	<u>Submittal Deadline</u>	<u>Planning Commission Review</u>	<u>City Council Review</u>
January	01/03/2025	01/21/2025	01/27/2025
February	01/31/2025	02/18/2025	02/24/2025
March	02/28/2025	03/18/2025	03/24/2025
April	03/28/2025	04/15/2025	04/28/2025
May	05/02/2025	05/20/2025	05/27/2025
June	05/30/2025	06/17/2025	06/23/2025
July	06/27/2025	07/15/2025	07/28/2025
August	08/01/2025	08/19/2025	08/25/2025
September	08/29/2025	09/16/2025	09/22/2025
October	10/03/2025	10/21/2025	10/27/2025
November	10/31/2025	11/18/2025	11/24/2025
December	11/26/2025	12/16/2025	01/12/2026

For More Information: [www.red-wing.org](http://www.red-wing.org)

Red Wing Community Development Department  
419 Bush Street  
Red Wing, MN 55066

Phone: 651-385-3622  
Fax: 651-388-4782  
E-mail: [Steve.Kohn@ci.red-wing.mn.us](mailto:Steve.Kohn@ci.red-wing.mn.us)