

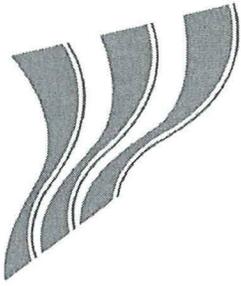
## ***CITY OF WILLMAR***

**COMMUNITY DEVELOPMENT COMMITTEE MEETING  
4:45 PM, THURSDAY, JULY 2, 2015  
CONFERENCE ROOM #1  
CITY OFFICE BUILDING**

**Chair: Rick Fagerlie  
Vice Chair: Andrew Plowman  
Members: Tim Johnson  
Audrey Nelsen**

### **AGENDA**

1. Meeting Called to Order
2. Public Comment
3. Unsafe Building Declaration for 944 Olaf Avenue Northwest
4. Development Project Flow Chart and Tax Increment Financing/Abatement Application Form
5. Adjourn



**CITY OF WILLMAR, MINNESOTA  
REQUEST FOR COMMITTEE ACTION**

**Agenda Item Number:** 3

**Meeting Date:** July 2, 2015

**Attachments:**  Yes  No

**CITY COUNCIL ACTION**

**Date:** \_\_\_\_\_

- |                                   |                                 |
|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| <input type="checkbox"/> Amended  | <input type="checkbox"/> Tabled |
| <input type="checkbox"/> Other    |                                 |

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

**Originating Department:** Planning and Development Services

**Agenda Item:** "Unsafe Building" Declaration for 944 Olaf Avenue Northwest

**Recommended Action:** To declare the structure located at 944 Olaf Avenue Northwest as unsafe.

**Background/Summary:** Staff has been dealing with violations at this property for some time. When it was realized that the owner was not making progress on repairs and site clean-up, an order to voluntarily remove the house was issued. Staff granted an extension to the compliance date, but very little progress is evident.

**Alternatives:**

1. Allow the house to remain.
2. Allow the owner to remove the house at his pace.

**Financial Considerations:** City may have to front the costs of removal.

**Preparer:** Bruce D. Peterson, AICP  
Director of Planning and Development Services

**Signature:**

**Comments:**



**WILLMAR**



**PLANNING AND DEVELOPMENT SERVICES**

City Office Building  
333 SW 6th Street, Box 755  
Willmar, MN 56201  
320-235-8311  
Fax: 320-235-4917  
[www.willmarmn.gov](http://www.willmarmn.gov)

**MEMO**

**TO:** Bruce D. Peterson, Director of Planning and Development

**FROM:** Randy Kardell, Building Official *RLK*

**Date:** June 24, 2015

**RE:** **944 Olaf Avenue Northwest**

Voluntary orders were issued on 944 Olaf Avenue Northwest, with a compliance date of May 15, 2015. As of today, there has been no forward progress. This property needs to have a declaration of an "Unsafe Building" with the Willmar City Council to initiate the formal removal process. This matter needs to be turned over to the City Attorney for the removal actions as allowed by Minnesota State Statutes, Section 463.15 to 463.26.



940/944 Olaf Ave. NW  
6/24/2015 11:08:48 AM  
RLK



940/944 Olaf Ave. NW  
6/24/2015 11:09:20 AM  
RLK



940/944 Olaf Ave. NW  
6/24/2015 11:09:43 AM  
RLK



940/944 Olaf Ave. NW  
6/24/2015 11:10:02 AM  
RLK



940/944 Olaf Ave. NW  
6/24/2015 11:11:12 AM  
RLK



940/944 Olaf Ave. NW  
6/24/2015 11:11:37 AM  
RLK



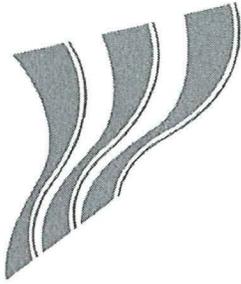
940/944 Olaf Ave. NW  
6/24/2015 11:11:56 AM  
RLK



940/944 Olaf Ave. NW  
6/24/2015 11:12:27 AM  
RLK



940/944 Olaf Ave. NW  
6/24/2015 11:12:39 AM  
RLK



CITY OF WILLMAR, MINNESOTA  
REQUEST FOR COMMITTEE ACTION

Agenda Item Number: 4

Meeting Date: July 2, 2015

Attachments:  Yes  No

CITY COUNCIL ACTION

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

- Approved  Denied  
 Amended  Tabled  
 Other

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

**Originating Department:** Planning and Development Services

**Agenda Item:** Development Project Flow Chart and Tax Increment Financing/Abatement Application Form

**Recommended Action:** Approve the flow chart and application form for use.

**Background/Summary:** Sometime ago, staff proposed a preliminary flow chart for reviewing development projects requesting tax increment financing or abatement. Major changes have also been proposed for the application form that provides more information for the Council to use in reviewing and qualifying projects. There is no statutory requirement that the City have either of the proposed forms.

**Alternatives:**

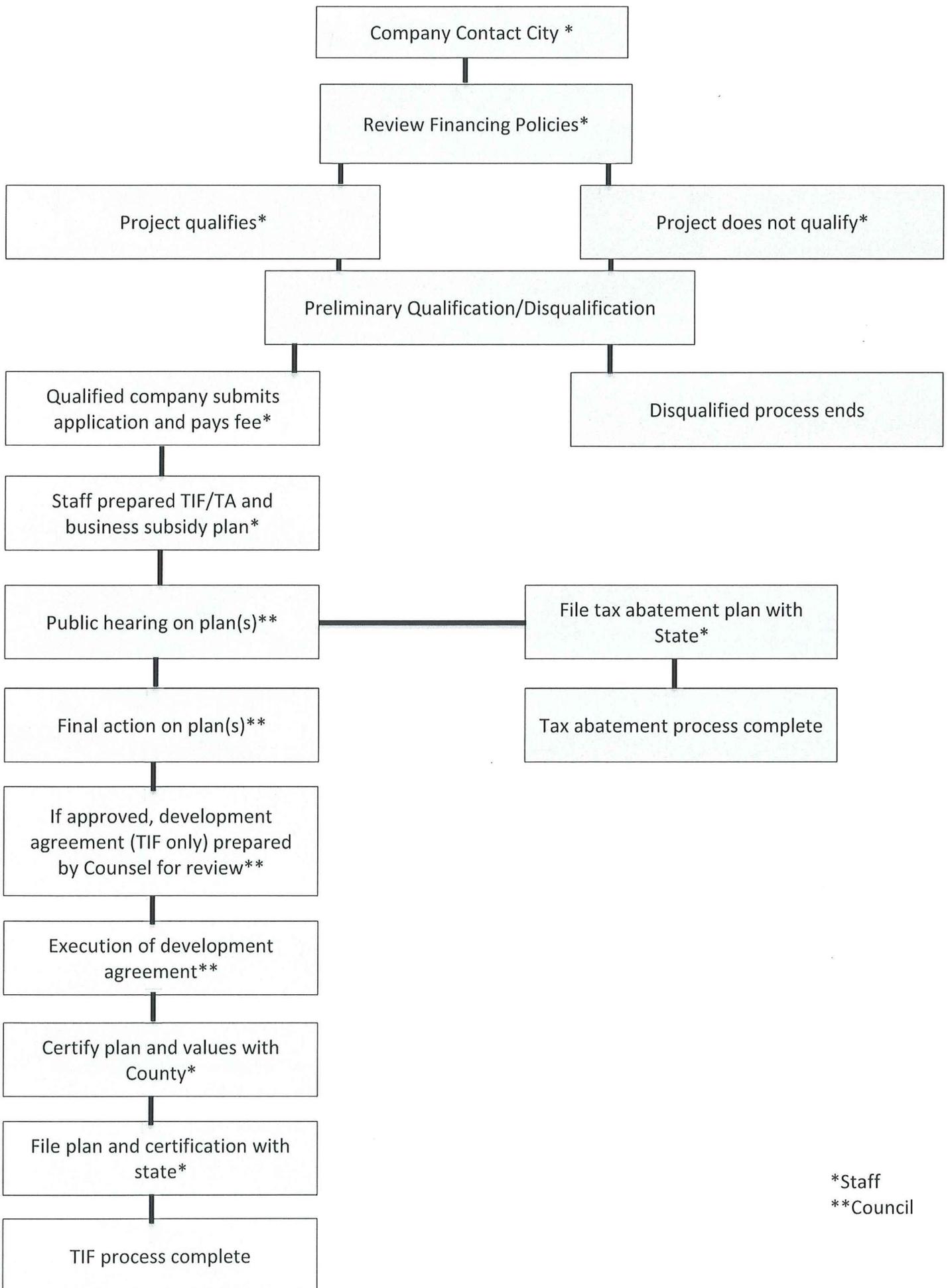
1. Have no written review process and continue to use the existing application form.

**Financial Considerations:** N/A

**Preparer:** Bruce D. Peterson, AICP  
Director of Planning and Development Services

**Signature:**

**Comments:**



\*Staff  
 \*\*Council

Date Submitted: \_\_\_\_\_

TAX INCREMENT FINANCING / TAX ABATEMENT APPLICATION FORM

1. Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_

Cooperative \_\_\_\_\_ Other \_\_\_\_\_

3. Type of Business: \_\_\_\_\_

Primary Product(s) / Service(s): \_\_\_\_\_

4. Legal Description of Site: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Municipal Development District No. (TIF only): \_\_\_\_\_

5. Project Description: \_\_\_\_\_

\_\_\_\_\_

Type of District (TIF only): Economic Development \_\_\_\_\_ Housing \_\_\_\_\_

Redevelopment \_\_\_\_\_ Other \_\_\_\_\_

Size of Proposed Structure or Expansion: \_\_\_\_\_ sq. ft.

Estimated project cost: Land \$ \_\_\_\_\_

Building \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

6. Estimated real estate tax increase \$ \_\_\_\_\_/yr.

7. Employment: Current \_\_\_\_\_ 5-year projection \_\_\_\_\_

Payroll: Current \_\_\_\_\_ 5-year projection \_\_\_\_\_

8. Project Financing Sources: \_\_\_\_\_  
\_\_\_\_\_

9. Project Costs Eligible for TIF (TIF only): \_\_\_\_\_  
\_\_\_\_\_

10. Explain and quantify the need for financial assistance ("but for" test): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Financial Institution(s) (Applicant's Affiliation):

Name \_\_\_\_\_ Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

12. Fiscal Consultant / Accountant:

Name \_\_\_\_\_ Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

13. Legal Counsel:

Name \_\_\_\_\_ Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

14. Application Fee Paid (Non-Refundable): \$ \_\_\_\_\_

15. Applicant Signature: \_\_\_\_\_

\_\_\_\_\_  
Title

For: \_\_\_\_\_  
Applicant

Recommended application fees for tax increment financing or tax abatement.

<u>Estimated total of City assistance</u>	<u>Application fee (non-refundable)</u>
Up to \$500,000	\$1,500
\$500,000-\$1,000,000	\$2,500
Over \$1,000,000	\$3,500