Community of Victoria Comprehensive Plan Amendment

Adjacent and Affected Jurisdiction Review and Comment Form

Date: July 27, 2023

To: Hennepin County

300 6th Street South Minneapolis, MN 55487

Per Minnesota Statute <u>473.858 Subd. 2</u> and the Metropolitan Council, we are distributing the proposed Amendment to the <u>City of Victoria</u> Comprehensive Plan for your review and comment. The Comprehensive Plan Amendment can be found here: https://victoria.civicweb.net/document/34523/Preliminary%20Plat,%20Comprehensive%20Plan%20Amendment, pdf?handle=9C2752178EB140A4BCCB7F2570787FA3

The City Council of The City of Victoria has authorized submittal of a Comprehensive Plan Amendment to revise the 2040 Future Land Use Map for development of a 147-unit senior living facility and two single-family parcels.

It is respectfully requested that you review the proposed Comprehensive Plan Amendment and send any comments or indication of no comment to <u>The City of Victoria, 1670 Stieger Lake Lane, PO Box 36, Attn: Brian McCann, Victoria, MN 55386</u> by <u>Monday, September 25, 2023.</u> With regard to review of the Comprehensive Plan Amendment, we ask that you provide feedback as timely as possible within the requested 60-day comment period. Please be advised that email response is also acceptable and may be sent to bmccann@ci.victoria.mn.us.

In the event that there are questions regarding the Comprehensive Plan Amendment, or if additional information is needed, please contact <u>Brian McCann, bmccann@ci.victoria.mn.us</u>, 952-443-4223.

On behalf of <u>The City of Victoria</u>, we would like to thank you in advance for your assistance and prompt response.

Name of Sender Brian McCann Date July 27, 2023

Signature of Sender

| Adjacent or Affected Jurisdiction Name: |
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| Please check the appropriate box: |
| We have reviewed the proposed Plan Amendment, do not have any comments, and are therefore waiving further review. We have reviewed the proposed Plan Amendment and offer the following commer (attach additional sheets if necessary) |
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| Name of Reviewer Date |
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| Signature of Reviewer |