



▪ DEVELOPMENT APPLICATION

5975 Main Ave NE
P.O. Box 9
Albertville, MN 55301-0009
(763) 497-3384 fax (763) 497-3210

Case No: _____
Base Fee: _____
Escrow Amt: _____ Pd. _____
Date Filed: _____

Please read carefully and answer all questions thoroughly. Only complete applications will be accepted after validation by the City Clerk and prior to acceptance of required processing fees/deposits.

Type of Request(s):

Zoning

- _____ Site and Building Plan Review
- _____ Comprehensive Plan
- _____ Zoning Text Amendment
- _____ Rezoning
- _____ Variance
- _____ Conditional Use Permit
- _____ Interim Use Permit
- _____ PUD Concept Plan
- _____ PUD Rezoning or PUD/CUP

Subdivision

- _____ Minor Subdivision/Consolidation
- _____ Preliminary Plat
- _____ Final Plat
- _____ Subdivision Grading Plan
- _____ Other _____

STAFF MEETING DATE: _____	PLANNING COMMISSION DATE: _____
PROJECT PLANS DUE DATE: _____	CITY COUNCIL DATE: _____

Address of Subject Property: _____
Name of Business: _____

Legal Description of Property (attach additional sheet if necessary):

Lot: _____ Block _____ Plat# _____
Subdivision: _____ PID# _____

Current Zoning Classification (circle): A1 A2 R1-A R1 R2 R3 R4 R5 R6 R7 R8 RMH
B2 B2-A B3 B4 BW I1 I2 P/I

Owner: Name. _____
Address. _____
City. _____ State. _____ Zip. _____
Telephone (Home). _____ (Business) _____ (Fax) _____

Applicant (If other than the owner):

Owner: Name. _____
Address. _____
City. _____ State. _____ Zip. _____
Telephone (Home). _____ (Business) _____ (Fax) _____

Description of Request(s): _____

EFFECTS OF THE PROPOSED USE: List impacts the proposed use will have on property in the vicinity, including, but not limited to traffic, noise, light, smoke/odor, parking, and describe the steps taken to mitigate or eliminate the impacts: _____

Reason Why Request Should Be Granted: _____

Existing Use of the Property / Nature of Facility or Business: _____

If a request for planning/zoning action on the subject site or any part thereof has been previously sought, please describe it below:

What? _____

When? _____

Project Name, if applicable: _____

I hereby apply for the above consideration and declare that the information and materials submitted with this application are in compliance with City Ordinance and Policy Requirements and are complete and accurate to the best of my knowledge.

I understand that the application will be processed for the next available meeting agenda after review of the information submitted to determine if any other data is needed and after completion of a staff report.

I understand that all City incurred professional fees and expenses associated with the processing of this request are the responsibility of the property owner and/or applicant and should be promptly paid. If payment is not received from the applicant, the property owner acknowledges and agrees to be responsible for the unpaid fee balance either by direct payment or a special assessment against the property. If the property fee owner is not the applicant, the applicant must provide written authorization by the owner to make application.

Signature(s) of Owner(s): _____ Date: _____
_____ Date: _____

Signature of Applicant(s): _____ Date: _____
_____ Date: _____

Approved ___ Denied ___ by the Planning Commission on: Date: _____
Approved ___ Denied ___ by the City Council on: Date: _____

Distribution		
City Planner: _____	Building/Zoning Official: _____	Fire Dept.: _____
City Engineer: _____	Public Work/Parks: _____	Other: _____