



DEVELOPMENT APPLICATION

5959 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 (Map Amendment)
- _____ Minor/Major Variance/Appeal
- _____ Conditional Use Permit
- _____ PUD Concept Plan/Amendment
- _____ PUD Rezoning
- _____ Concept Plan Review

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 (Print) _____
 Address _____
 City _____ State _____ Zip _____
 Telephone (Home) _____ (Business) _____ (Fax) _____
 Cell Phone _____ Email Address _____

Applicant (If other than the owner):

Owner: Name (Print) _____
 Address _____
 City _____ State _____ Zip _____
 Telephone (Home) _____ (Business) _____ (Fax) _____
 Cell Phone _____ Email Address _____

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: _____	