



PLANNING APPLICATION

2401 Mounds View Blvd., Mounds View, MN 55112
 (763) 717-4020 * Fax (763) 717-4019
 permits@moundsviwmn.org

Please Type or Print Information - Complete Both Sides of This Form

Applicant Information

Name of Applicant _____ Work # _____
 Address _____ City _____ State _____ Zip _____
 Home # _____ Cell # _____ Fax # _____
 E-mail _____

Interest in Property (check appropriate box)

- Owner of Property Contract for Deed Owner Lessee, Operator, Manager
 Agreement to Purchase Other _____

Applicants must provide evidence of interest in property at the time of application, and if you are not the owner of the property, you must either provide a letter of permission from the owner giving consent to the filing of this application or the property owner must sign this application for it to be accepted.

Property Description/Proposal

Address or General Location _____
 Legal Description _____
 Property Identification # (PIN #) _____
 # of Acres _____ Current Zoning _____

Type of Application (Please check the appropriate boxes):

| | | |
|--|--|----------------------------------|
| | Comprehensive Plan Amendment | \$500 |
| | Rezoning | \$500 |
| | Major Subdivision | \$700 |
| | Minor Subdivision | \$350 |
| | Planned Unit Development (PUD) | \$750 |
| | PUD Amendment | \$400 |
| | Conditional Use Permit/Amendment | R-1, R-2 \$200; all others \$400 |
| | Interim Use Permit/Amendment | \$400 |
| | Variance | R-1, R-2 \$200; all others \$400 |
| | Administrative Variance | R-1, R-2 \$100 |
| | Text Amendment, Zoning Code | \$400 |
| | Text Amendment, Other City Code | \$300 |
| | Develop Review/Site Plan Review | \$400 |
| | Wetland Alteration Permit | R-1, R-2 \$200; all others \$350 |
| | Wetland Buffer Permit | R-1, R-2 \$30; all others \$100 |
| | Easement Vacation | \$250 |
| | Re-approval of Minor Subdivision or Plat | Minor Subd. \$50; Plat \$100 |
| | Zoning Review of B-1 District Proposed Use | \$200 |

Application fees are non-refundable.

Present Use of Property _____

Property Classification Abstract Torrens

Description of Proposal (attach additional supporting documentation if necessary) _____

BY MY/OUR SIGNATURE ON THIS APPLICATION, I HEREBY DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

Please Note: Application fees are nonrefundable. Applicants are responsible for all costs in *excess* of the application fee incurred by the City in the processing of this application. Such excess fees are to be paid upon receipt of statement from the City of Mounds View. Excess fees may include, but shall not be limited to, photocopy costs, staff time, and fees for planning consultants, attorneys and engineers. In some cases, a deposit may be required in advance to cover any anticipated excess costs associated with this application. (If a deposit is required, the applicant shall remain responsible for all reasonable incurred costs in excess of the application fee and deposit amount.)

I ACKNOWLEDGE THAT I have read all of the information listed in the Planning Application and fully understand that I am responsible for all costs incurred by the City related to the processing of this application.

Name of Applicant (typed/printed) _____

Signature of Applicant _____

Name of Property Owner (typed/printed) _____

Signature of Property Owner _____

Address of Owner _____

Phone Number of Owner _____

E-mail of Owner _____

FOR OFFICE USE ONLY:

Date of Submittal _____ Date of Acceptance: _____
60-day Limit _____ 120-day limit: _____
Planning Case No(s) _____ Assigned to: _____

| | Fees Paid: | Account # | Check/Credit # | Receipt # |
|------------------|-------------------|------------------|-----------------------|------------------|
| Application: | _____ | _____ | _____ | _____ |
| Park Dedication: | _____ | _____ | _____ | _____ |
| Deposits: | _____ | _____ | _____ | _____ |
| Other: | _____ | _____ | _____ | _____ |
| Total: | _____ | _____ | _____ | _____ |