

**APPLICATION FOR PLANNING CONSIDERATION
PLANNED UNIT DEVELOPMENT**

CITY OF BELLE PLAINE

**218 North Meridian Street, P.O. Box 129, Belle Plaine, MN 56011
952-873-5553 Fax 952-873-5509**

Fee \$500.00
Paid _____
Receipt _____
Date _____
By: _____

Name of Applicant: _____

Address of Applicant: _____

City, State, Zip _____

Phone _____ cell _____ Fax _____

Email address _____

Property at: _____ Property Owner _____

PID _____ Lot _____ Block _____ Addition _____ Current Zoning _____

I/We, the undersigned, hereby make the following application to the City Council and Planning and Zoning Commission of the City of Belle Plaine, Scott County, Minnesota. (Applicants have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements.)

1. Application is hereby made for a Planned Unit Development to conduct the following:

2. Was an application for a PUD filed by the land owner(s) of the property, as a unified whole, included in the project?

Land Owners Name & Address _____

Applicant's Name (if different than land owner) _____

Legal Desc of Property and Address of Subject Property: _____

Consulting Engineer: Name, Address, Phone _____

Surveyor's Name, Address, Phone _____

Attorney's Name, Address, Phone, (if applicable) _____

Present Zoning Class: _____ Present Use of Land _____

3. Is the request consistent with the City's Comprehensive Plan? Please explain. _____

4. Is the request consistent with the sanitary sewer plan for the City? Please explain. _____

5. Does the request meet common open space requirements? Please explain.

6. Does the request meet operating and maintenance requirements for the Planned Unit Developments common open space/service facilities policy? Please explain. _____

7. Which form of ownership will control the open space and service facilities of the Planned Unit Development?

___ Dedicated to public, where a community-wide use is anticipated.

___ Landlord control, where only use by tenants is anticipated.

___ Property Owners Association, provided all of the following conditions are met:

Applicant Signature _____

Date _____

Property Owner Signature _____

Date _____