

<b>Annex</b>	CUP	Home Occ.	Interim Use	Move Building	Non – Conform	Plan Consid.	PUD	Variance
Driveway	Land Excavation		Land Fill	Rental		ROW	Sign	



**City of Belle Plaine**  
 218 N. Meridian Street  
 P.O. Box 129  
 Belle Plaine, MN 56011

**Community Development Department**  
**Phone:** 952-873-5553  
**Fax:** 952-873-5509  
**www.belleplainemn.com**

**Fee:** \$200.00 + \$2.00 per acre

## ANNEXATION APPLICATION

<b>PROPERTY</b>	Address:		<b>Belle Plaine, MN</b>	P.I.N:
Lot Number:	Block Number:	Subdivision:		
Acreage or Square Footage:		Township:	Zoning:	
<b>APPLICANT</b>	<input type="checkbox"/> <b>Owner</b>	Name:		Phone:
Address:				Cell:
E-mail:				Fax:
<b>OWNER</b>	Name:			Phone:
Address:				Cell:
E-mail:				Fax:

**SUBMISSION OF APPLICATION MUST INCLUDE:**

- Legal description
- Site development plan
- Location of all adjacent buildings located within three hundred fifty feet, or ¼ mile of exterior property boundaries.

**Minnesota Planning annexation review fee = # acres x \$2.00, minimum of \$25.00, maximum \$200.00**

I **certify** that I am the applicant named herein; that I have familiarized myself with the rules and regulations with respect to preparing and filing this application that the foregoing statements and answers herein contained and the information on the attached maps or site plans and any other documents submitted herewith are in all respects true and accurate to the best of my knowledge and behalf.

**PETITIONER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### OFFICE USE ONLY

<b>Zoning:</b>	<b>Application Fee:</b>	<b>Form of Payment:</b>
<b>Township:</b>	<input type="checkbox"/> <b>Legal Description</b>	<b>Date:</b>
	<input type="checkbox"/> <b>Site Development Plan</b>	<b>Transaction Number:</b>
	<input type="checkbox"/> <b>Located Adjacent Buildings</b>	<b>Collected By:</b>
<b>Reviewed by Community Development Director</b>	<input type="checkbox"/> <b>Application Complete</b>	<b>Date:</b>
<b>Reviewed by Planning Commission</b>	<input type="checkbox"/> <b>Tabled</b> <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>	<b>Date:</b>
<b>Reviewed by City Council</b>	<input type="checkbox"/> <b>Tabled</b> <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>	<b>Date:</b>