

Annex	CUP	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: \$300.00

INTERIM USE PERMIT APPLICATION

Permit Number: _____

PROPERTY Address: _____ Belle Plaine, MN P.I.N: _____

Lot #: _____ Block #: _____ Subdivision: _____

Zoning District: _____

APPLICANT Owner Name: _____ Phone: _____

Mailing Address: _____ Cell: _____

E-mail: _____ Fax: _____

OWNER Name: _____ Phone: _____

Mailing Address: _____ Cell: _____

E-mail: _____ Fax: _____

Interim Use Permit is requested to: _____

SUBMISSION OF APPLICATION MUST INCLUDE:

- Attached site plan (to scale) depicting present and proposed improvements.

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.

APPLICANT SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

Zoning District: _____ **Application Fee: \$** _____ **Form of Payment:** _____

Site Plan _____ **Other Fee: \$** _____ **Date:** _____

_____ **Total: \$** _____ **Transaction Number:** _____

_____ **Collected By:** _____

Reviewed by Community Development Director **Application Complete** **Date:** _____

Reviewed by Planning Commission **Tabled** **Approved** **Denied** **Date:** _____

Reviewed by City Council **Tabled** **Approved** **Denied** **Date:** _____