

Annex	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: \$250.00

PUD CONCEPT STAGE APPLICATION

Permit Number: _____

PROPERTY	Address:	Belle Plaine, MN	P.I.N:
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Lot(s):	Block(s):	Subdivision:
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Zoning: _____

APPLICANT	<input type="checkbox"/> Owner	Name:	Phone:
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Address:	Cell:
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E-mail:	Fax:
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OWNER	Name:	Phone:
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Address:	Cell:
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E-mail:	Fax:
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ENGINEER	Name:	Phone:
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Address:	Cell:
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E-mail:	Fax:
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SURVEYOR	Name:	Phone:
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Address:	Cell:
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E-mail:	Fax:
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ATTORNEY	Name:	Phone:
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Address:	Cell:
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E-mail:	Fax:
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Planned Unit Development is requested to: _____

Has the land owner(s) submitted an application requesting a PUD for this property (as a unified whole)?
 Yes **No**

Is the request consistent with the City's Comprehensive Plan?
 Yes **No**
 Explain: _____

Is the request consistent with the sanitary sewer plan for the City?
 Yes **No**
 Explain: _____

Does the request meet common open space requirements? Yes No
 Explain: _____

Does the request meet operating and maintenance requirements for the Planned Unit Developments common open space/service facilities policy? Yes No
 Explain: _____

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:

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:** _____

OWNER(S) SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

Zoning:	Application Fee: \$	Form of Payment:
<input type="checkbox"/> Site Plan	Other Fee: \$	Date:
	Total: \$	Transaction Number:
		Collected By:

Reviewed by Community Development Director	<input type="checkbox"/> Application Complete	Date:
Reviewed by Planning Commission	<input type="checkbox"/> Tabled <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Reviewed by City Council	<input type="checkbox"/> Tabled <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: