

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: \$

PLANNING CONSIDERATION APPLICATION

PROPERTY	Address: Belle Plaine, MN	P.I.N:
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Lot Number:	Block Number:	Subdivision:
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Zoning:

APPLICANT	<input type="checkbox"/> Owner	Name:	Phone:
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Mailing Address:	Cell:
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E-mail:	Fax:
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OWNER	Name:	Phone:
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Mailing Address:	Cell:
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E-mail:	Fax:
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APPLICATION TYPE: *(Check all that apply)*

<input type="checkbox"/> Concept Plan-Subdivision \$250	<input type="checkbox"/> Site Plan \$300	<input type="checkbox"/> Minor Subdivision \$250
<input type="checkbox"/> Prelim. Plat Approval \$300+\$5/lot	<input type="checkbox"/> Rezoning \$300	<input type="checkbox"/> Alley/Street Vacation \$500
<input type="checkbox"/> Final Plat Approval \$200	<input type="checkbox"/> Comp Plan Amend \$500 to \$1,000	<input type="checkbox"/> Easement Vacation \$500
<input type="checkbox"/> Other <i>(bldg. materials, landscape, lighting, parking & misc. plans)</i> _____		

Improvement Description:

Attached to this application and made a part thereof, are:

<input type="checkbox"/> Concept Plan	<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Final Plat	<input type="checkbox"/> Sketch of Improvement Layout
<input type="checkbox"/> Plans & Specifications	<input type="checkbox"/> Photographs	<input type="checkbox"/> Other: _____	

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

Date Received:	Form of Payment:	Transaction Number:
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Application Fee:	Date:	Collected By:
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Reviewed by Community Development Director	<input type="checkbox"/> Application Complete	Date:
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Reviewed by Planning Commission	<input type="checkbox"/> Tabled	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
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Reviewed by City Council	<input type="checkbox"/> Tabled	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
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