

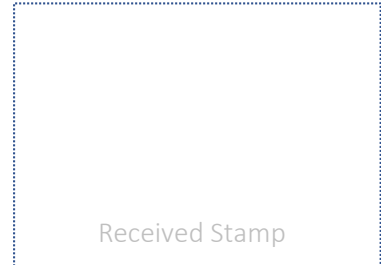


**City of Delano**  
 234 2<sup>nd</sup> Street North, PO Box 108  
 Delano, MN 55328  
 763-972-0550  
 Fax: 763-972-6174  
[www.delano.mn.us](http://www.delano.mn.us)

**DEVELOPMENT PERMIT APPLICATION**

*Office Use Only:*

Project/Case No: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_  
 Base: \_\_\_\_\_ Escrow: \_\_\_\_\_  
 Receipt Number: \_\_\_\_\_  
 Date Filed: \_\_\_\_\_



**TYPE OF REQUEST:**

<b>Zoning:</b>	<b>Base</b>	<b>Escrow</b>	<b>Subdivision:</b>	<b>Base</b>	<b>Escrow</b>
<input type="checkbox"/> Annexation .....	\$500	\$5,000	<input type="checkbox"/> Concept Plan Review .....	\$100	\$1,500
<input type="checkbox"/> Conditional Use Permit			<input type="checkbox"/> Minor/Simple Subdivision	\$350	\$250 per lot*
<input type="checkbox"/> Single Family Residential .....	\$200	\$ 500	Total Number of Lots: _____		
<input type="checkbox"/> Other .....	\$200	\$1,000	<input type="checkbox"/> Preliminary Plat.....	\$350	\$250 per lot*
<input type="checkbox"/> Interim Use Permit .....	\$200	\$1,000	Total Number of Lots: _____		
<input type="checkbox"/> PUD Concept Plan .....	\$200	\$ 500	<input type="checkbox"/> Final Plat .....	\$350	\$1,500
<input type="checkbox"/> PUD Development Stage Plan .....	\$200	\$1,000			
<input type="checkbox"/> PUD Final Plan .....	\$200	\$1,000	<b>Administrative:</b>	<b>Base</b>	<b>Escrow</b>
<input type="checkbox"/> Site and Building Plan Review .....	\$200	\$1,000	<input type="checkbox"/> Expansion of Non-conforming Single		
<input type="checkbox"/> Variance .....			Family Use .....	\$200	\$500
<input type="checkbox"/> Single Family Residential ....	\$200	\$ 500	<input type="checkbox"/> Home Occupation		
<input type="checkbox"/> Other .....	\$200	\$1,000	<input type="checkbox"/> Permitted .....	\$100	\$100
<input type="checkbox"/> Vacation of Property .....	\$200	\$1,000	<input type="checkbox"/> Special .....	\$150	\$500
Public Right-of-Ways, Streets, Alleys and Easements			<input type="checkbox"/> Land Excavating/Grading	\$200	\$500
<input type="checkbox"/> Zoning Text Amendment					
<input type="checkbox"/> Text Amendment .....	\$200	\$1,000			
<input type="checkbox"/> Rezoning .....	\$200	\$1,000			
<input type="checkbox"/> Other _____					

\* \$250 per lot up to 20 lots an addition \$150 per lot over 20 lots.

Project Name: \_\_\_\_\_  
 Name of Business (If Applicable): \_\_\_\_\_

Address of subject property: \_\_\_\_\_

Legal Description of Property (Attach additional sheet if necessary)  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plat No.: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ PID Number: \_\_\_\_\_

Current Zoning Classification (Circle):  
 | R-A | R-East | R1 | R2 | R3 | R4 | R5 | R6 | R7 | R8 | R-B | B1 | B2 | B3 | B4 | BW | I1 | I2 | PUD | S |

**APPLICANT AND CONTACT INFORMATION**

**Applicant Information:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner Information – if other than applicant:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Accounts Payable Information:**

Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BACKGROUND INFORMATION ON REQUEST/PROJECT**

Description of request: \_\_\_\_\_  
\_\_\_\_\_

**Effects of the proposed use.** List impacts of the proposed use will have on properties in the vicinity; including, but not limited to traffic, noise, light, smoke/odor, parking. Describe the steps taken to mitigate or eliminate the impact.

\_\_\_\_\_  
\_\_\_\_\_

Reason why request should be granted: \_\_\_\_\_  
\_\_\_\_\_

Existing use of the property/nature of facility or business: \_\_\_\_\_  
\_\_\_\_\_

If a request for planning/zoning action on the subject site or any part thereof has been previously sought, please describe it below: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**REQUIRED DOCUMENTS FOR SUBMISSION:**

Detailed written materials, maps, plans and specifications are required. Additional information can be found on the Development Application Checklists listed online at [www.delano.mn.us](http://www.delano.mn.us).

- Development Permit Application
- Deposit Agreement
- Two (2) large scale copies (one (1) inches equal one hundred (100) feet or less)
- One (1) reduced scale copy (11x17 or smaller)
- Electronic Copy (Submitted by disc, USB Flash Drive or emailed to [pbauman@delano.mn.us](mailto:pbauman@delano.mn.us))

**Signatures**

I hereby apply for the consideration and declare that the information and materials submitted with this application are in compliance with City Ordinance and Policy Requirements and are complete and accurate to the best of my knowledge.

I understand that the application will be processed for the next available meeting agenda after review of the information submitted to determine if any other data is needed and after completion of a staff report.

I understand that all City incurred professional fees and expenses associated with the process of this request are the responsibility of the property owner and/or applicant and should be promptly paid. If payment is not received from the application, the property owner acknowledges and agrees to be responsible for the unpaid fee balance either by direct payment or a special assessment against the property. If the property owners is not the applicant, the applicant must provide written authorization by the owners to make application.

**Applicant:**  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

**Owner:**  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

**Staff Use Only:**

Date App. Received:	Amount Paid:	Receipt Number:
Public Hearing Required: Yes   No	Notices Mailed:	Publication Date:
Date Distributed to Staff:	Staff Meeting Date:	
Planning Commission Mtg Date:	Council Mtg Date:	