



P. O. Box 5021, 59403-5021

Planning Department

DEVELOPMENT REVIEW APPLICATION

Name of Project/Development: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Agent(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Street Address: \_\_\_\_\_

Zoning: Current: \_\_\_\_\_ Proposed: \_\_\_\_\_

Land Use: Current: \_\_\_\_\_ Proposed: \_\_\_\_\_

Covenants or Deed Restriction on Property: Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please attach to application)

Application Type (please check all that apply):

- Subdivision Preliminary Plat-\$800
- Subdivision Minor Plat-\$600
- Conditional Use Permit-\$700
- Establishment of Zoning with Annexation-\$700
- Annexation-\$400
- Zoning Map Amendment-\$700
- Subdivision Final Plat-\$300

I (We) the undersigned understand that the filing fee accompanying this application is not refundable. I (We) further understand that the fee pays for the cost of processing, and the fee does not constitute a payment for approval of the application.

I (We) also attest that the above information is true and correct to the best of my (our) knowledge.

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_