

**City of Sauk Centre
Planning Request Application**

Application No. _____	File Date ____/____/____	Fee Paid \$ _____
Legal Description _____		
Parcel ID	Zoning Classification	

Street Address of Property _____

Property Owner(s) _____

Address (if different from above) _____ Ph: _____

Type of Request: ____ Zoning Amendment ____ Lot Split
 ____ Consolidation ____ Other _____

Describe CLEARLY the reason for this request _____

Current Use of Property _____

Proposed Use of Property _____

All or part of the following information (if applicable) is required with the application:

- ____ Site plan drawn to scale showing parcel and proposed project dimensions
- ____ Project must be staked out and lot corners must be visible with property pins exposed
- ____ Location of all existing structures and their square footages
- ____ Location of curb cuts, driveways, parking, access roads, easements, flood zone, shoreland, wetlands etc.
- ____ Landscaping and screening plans
- ____ Drainage plans
- ____ Legal Descriptions of New Lot and Remnant
- ____ Proposed Building Setbacks
- ____ City sanitary sewer & water and electrical connections (Check with Public Utility Offices)
- ____ Lot Split and Consolidation Requests require Certificate of Survey prepared by Licensed Surveyor
- ____ Special Assessment Search Certificate
- Other _____

The Planning Commission will review or take action on this request on ____/____/____.

The City Council will review or take action on this request on ____/____/____.

I hereby certify that I have read and examined this application and supporting documents and know the same to be true and correct. **I have identified all property boundaries, easements, flood zones and/or wetlands existing on the property on my site plan(s) and application.** The undersigned further agrees that the City and its' administrative staff relied on the accurateness of this application, plans and specifications relative to this request and hold the city of Sauk Centre harmless from all liability arising from the granting of this planning request.

Signature of Fee Owner or Authorized Agent

_____/_____/_____
Date