



City of Grant
 P.O. Box 577
 Willernie, MN 55090
 www.cityofgrant.us

Phone: 651.426.3383
 Fax: 651.429.1998
 Email: clerk@cityofgrant.com

OTHER LAND USE / ZONING APPLICATION

Application Date:	
Fee: \$100	Escrow: \$1,000

The purpose of this application is to provide an opportunity for an applicant to work with city staff through pre-application or due diligence activities prior to a specific application being made. This process enables the applicant to save time and expenses in reaching general agreement with the City as to the objectives of the regulations within the City's ordinances and Comprehensive Plan.

PARCEL IDENTIFICATION NO (PIN):		LOT SIZE:
PROJECT ADDRESS:	OWNER: Name: Address: City, State, Zip: Phone: Email:	APPLICANT (<i>If different from Owner</i>): Name: Address: City, State, Zip: Phone: Email:
DESCRIPTION OF REQUEST:		
EXISTING SITE CONDITIONS:		
<input type="checkbox"/> Please check if this request is for Wetland Delineation review in the Browns Creek Watershed District		
APPLICABLE ZONING CODE SECTION(S): <i>Please review the following documents to assist with your request.</i> <ol style="list-style-type: none"> 1. Chapter 30, Subdivisions 2. Chapter 32, Zoning 3. Comprehensive Plan 		
COPIES: One (1) Electronic copy of full submission; Hard copies upon request.		

This assistance does not grant any project approvals and no formal action will be taken in conjunction with the assistance related to this application, unless this application is for review of wetland delineation in the Browns Creek Watershed District. A separate process for obtaining city approval and/or necessary permits may be required, depending on the request. This application is specifically to request technical assistance from the City, or its consultants, relating to zoning or land use investigations within the City, or for wetland review in the Browns Creek Watershed District.

Required Signatures

*** Note: If requesting Wetland Delineation Review, all parties with a fee interest in the real estate must sign this application before the City will review for completion. For all other land use inquiries only the Applicant signature is required. ***

Applicant

Fee Title Property Owner

(If different from Applicant)

Name: _____
(Please print)

Name: _____
(Please print)

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Application for Planning Consideration Fee Statement

(Please read carefully and understand your responsibilities associated with this application)

The City of Grant has set forth a fee schedule by City Ordinance as posted on the City's website. The City of Grant utilizes consulting firms to assist in the review of projects. The consultant and city rates are available upon request. By signing this form, the Applicant accepts sole responsibility for any and all fees associated with this request. For any wetland delineation review, in the event the Applicant fails to make payment of all fees associated with the project, the City of Grant will assess any unpaid or delinquent fees related to the project against the subject property, if applicable.

I/WE UNDERSTAND THE FEE STATEMENT AND RESPONSIBILITIES ASSOCIATED WITH THIS APPLICATION:

Applicant

Fee Title Property Owner

(If different from Applicant)

Signature

Signature

Printed Name

Printed Name

Date

Date