



City of Delano
234 2nd Street North, PO Box 108
Delano, MN 55328
763-972-0550
www.delanomn.gov

DEVELOPMENT PERMIT APPLICATION

Office Use Only:

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

Received Stamp

TYPE OF REQUEST:

Zoning:	Base	Escrow	Subdivision:	Base	Escrow
<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 Master Development Plan ...	\$200	\$1,000			
<input type="checkbox"/> PUD Final Plan	\$200	\$1,000			
<input type="checkbox"/> Site and Building Plan Review.....	\$200	\$1,000			
<input type="checkbox"/> Variance.....					
<input type="checkbox"/> Single Family Residential.....	\$200	\$ 500			
<input type="checkbox"/> Other.....	\$200	\$1,000			
<input type="checkbox"/> Vacation of Property.....	\$200	\$1,000			
Public Right-of-Ways, Streets, Alleys and Easements					
<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 _____					

Administrative: **Base** **Escrow**

<input type="checkbox"/> Expansion of Non-conforming Single Family Use.....	\$200	\$500
<input type="checkbox"/> Home Occupation		
<input type="checkbox"/> Permitted	\$100	\$100
<input type="checkbox"/> Special	\$150	\$500
<input type="checkbox"/> Land Excavating/Grading	\$200	\$500
<input type="checkbox"/> Other _____		

* \$250 per lot up to 20 lots an additional \$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 City of Delano Zoning Classification: _____

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.delanomn.gov.

- Development Permit Application
- Deposit Agreement
- Electronic Copy (Submitted by disc, USB Flash Drive, or emailed to aely@delanomn.gov)

Signatures

I hereby apply for 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 a review of the information submitted to determine if any other data is needed and after the 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 owner is not the applicant, the applicant must provide written authorization from the owner to make the application.

Applicant:

Print Name: _____ Date: _____
Print Name: _____ Date: _____
Print Name: _____

Owner:

Print Name: _____ Date: _____
Print Name: _____ Date: _____
Print Name: _____