

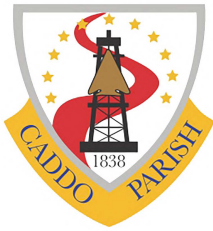


# Development Application

Revised 12.4.2023

Members of the MPC's Land Development department are available to outline the development review process, verify submittal requirements and identify UDC requirements specific to all development requests.

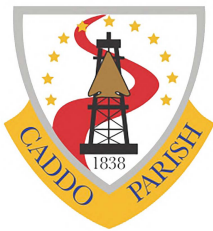
<b>1. PROPERTY INFORMATION</b>		
Project Name: _____ Associated Case (if applicable): _____		
Project Address/Location: _____ Parcel number(s): _____		
<b>2. CASE TYPE (Check appropriate application type)</b>		
<input type="checkbox"/> Special Use Permit	<input type="checkbox"/> Planned Unit Development (PUD)	<input type="checkbox"/> Zoning Map Amendment (Rezoning)
<input type="checkbox"/> Site Plan Approval	<input type="checkbox"/> Small Planned Unit Development (SPUD)	<input type="checkbox"/> Other
<input type="checkbox"/> Site Plan Modification	<input type="checkbox"/> PUD Site Plan (Administrative)	
<b>3. PARCEL DESCRIPTION</b>		
<i>(existing platted subdivision name, block and lot designation; if un-platted, provide a detailed metes and bounds description)</i>		
<b>4. GENERAL LOCATION OF PROPERTY</b>		
<i>(street address and/or frontage, and distance to cross street)</i>		
<b>5. PROPOSED USE OF PROPERTY</b>		
<input type="checkbox"/> Single-Family Residential	<input type="checkbox"/> Townhouse Residential	<input type="checkbox"/> Commercial
<input type="checkbox"/> Multi-Family Residential	<input type="checkbox"/> Duplex Residential	<input type="checkbox"/> Industrial
<input type="checkbox"/> Mixed-Use		
<i>(Provide a brief explanation, attach additional sheets, if necessary)</i>		



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<b>6. ZONING INFORMATION</b>		
Current Zoning District(s): _____	Proposed Zoning District(s) * if applicable: _____	
If more than one district, provide the acreage of each: _____		
<b>7. SITE AND BUILDING INFORMATION (NOT REQUIRED FOR ZONING MAP AMENDMENT CASE TYPES)</b>		
Total Site Acres: _____	Proposed Building Use(s): _____	
Existing Building(s) sq. ft. gross: _____	Proposed Building(s) sq. ft. gross: _____	
Total sq. ft. gross (existing & proposed): _____	Proposed Height of Building(s): _____	
Number of Stores: _____	Ceiling Height of First Floor: _____	
Off-Street Parking Required: _____	Off-Street Parking Provided: _____	
<b>8. DIMENSIONAL STANDARDS (NOT REQUIRED FOR ZONING MAP AMENDMENT CASE TYPES)</b>		
Lot Area (sq. ft.): _____	Lot Coverage (total area in sq. ft.): _____	Lot Coverage Percentage of Total Lot Area: _____
<b>9. STORMWATER INFORMATION (NOT REQUIRED FOR ZONING MAP AMENDMENT CASE TYPES)</b>		
Existing Impervious Surface: _____ acres/sq. ft.	Proposed Impervious Surface: _____ acres/sq. ft.	
Please select the following that are applicable: <input type="checkbox"/> Cross Lake Watershed <input type="checkbox"/> Hazard Flood Area <input type="checkbox"/> Red River <input type="checkbox"/> Wetlands		



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## 10. CONTACT INFORMATION

If property owner designates an agent as the coordinator for the project, this person (the applicant) shall attend all necessary meetings and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required. **All contact for this project will be made through the applicant listed below.**

**NAME, ADDRESS, AND SIGNATURE OF ALL PROPERTY OWNERS:** ALL property owners must sign. All **property owners** must sign unless one person has the power of attorney to sign for others and that power of attorney is submitted with the application. A managing partner in a corporation may sign and submit written authorization. **If in business name or corporation, list all persons owning 6% or more. Attach separate sheet if necessary.**

### Applicant Contact Information

Check if Primary Contact

Name: \_\_\_\_\_ Company (if applicable): \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (street, city, state, zip): \_\_\_\_\_

### Architect Contact Information

Check if Primary Contact

Name: \_\_\_\_\_ Company: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (street, city, state, zip): \_\_\_\_\_

### Engineer Contact Information

Check if Primary Contact

Name: \_\_\_\_\_ Company: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (street, city, state, zip): \_\_\_\_\_

### Current Property Owner Contact Information

Check if Primary Contact

Name: \_\_\_\_\_ Company (if applicable): \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (street, city, state, zip): \_\_\_\_\_

Designee Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Property Owner, check one of the following:

I will represent the application myself; OR  I hereby designate (*insert name of project representative*) \_\_\_\_\_ to act in the capacity as my agent for submittal, processing, representation, and/or presentation of this request. The designated agent shall be the principal contact person for responding to all requests for information and for resolving all issues of concern relative to this request.

### Acknowledgment:

I hereby certify that I am the owner of the property and further certify that the information regarding property ownership provided on this development application is true and correct.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_