

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.

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



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6. ZONING INFORMATION							
Current Zoning District(s):		_Proposed Zoning District(s) * if applicable:					
If more than one district, provide the acreage of ea	ach:						
7. SITE AND BUILDING INF	ORMATION (NOT	REQUIRED FOR ZONING M	AP AMENDMENT CASE TYPES)				
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:					
8. DIMENSIONAL STANDARDS (NOT REQUIRED FOR ZONING MAP AMENDMENT CASE TYPES)							
Lot Area (sq. ft.):Lot Coverage (total area in sq. ft.):		Lot Coverage Percentage of Total Lot Area:					
9. STORMWATER INFORMATION (NOT REQUIRED FOR ZONING MAP AMENDMENT CASE TYPES)							
Existing Impervious Surface:a	acres/sq. ft	_Proposed Impervious Surface:	acres/sq. ft				
Please select the following that are applicable:	□ Cross Lake Watershed	☐ Hazard Flood Area	□ Red River □ 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.

written authorization. If in business name or c			separate sheet if ne	
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 Info	ormation			□ 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 fo	llowing:			
$\ \square$ I will represent the application myself; OR $\ \square$ capacity as my agent for submittal, processing, for responding to all requests for information an	representation, and/or prese	ntation of this request. The d	lesignated agent shall	to act in the be the principal contact person
Acknowledgment: I hereby certify that I am the owner of the prope is true and correct.	rty and further certify that the	information regarding propert	y ownership provided	on this development application
Property Owner Signature:	Date:	Applicant Signature:_		_Date: