

SUBDIVISION ORDINANCE APPLICATION



City of Alexandria
 704 Broadway | Alexandria, MN 56308
 Ph: (320) 763-6678 | Fax: (320) 763-3511
www.alexandriamn.city

Application # _____	Date App. Received ____/____/____ Date App. Complete ____/____/____	Fee Collected \$ _____
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Present Land Use: _____ Proposed Land Use: _____

Plat Title: _____

A. Owner Information

Property Owner Name (Last, First, MI)	Phone
Property Owner Address	City/State/Zip
	Email Address

B. Applicant Information (If Different From Above) – Developer/Surveyor

Applicant Name (Last, First, MI)	Business Name	Phone
Applicant Address	City/State/Zip	Email Address

C. Project Location/Description

Address of Subject Property _____ PIN: _____

Legal Description *(attach separate if lengthy narrative)* _____

Present Zoning Classification _____ Present Comprehensive Plan Classification _____

Is the property located within 1,000 ft of a lake? Yes No _____ GD RD NE
Waterbody Name Waterbody Classification

D. Application Information

- Check Applicable Request(s):**
- Platting (Section 11.03)
 - Exception (Section 11.01)
 - Variance (Section 11.09)
 - Appeal (Section 11.10)
 - Other (Specify _____)

E. Acknowledgement & Signature

BY MY SIGNATURE BELOW: I certify that the information submitted with the application is true and accurate; I acknowledge that this application is not deemed complete until reviewed by City staff and that I will be notified within 15 days of application submission if the application is incomplete; I understand that submission of the application does not imply approval of this request by the Planning Commission or the City Council; nor does it in and of itself guarantee issuance of any other required permits and licenses and I acknowledge that this application may be tabled until a later meeting if either I or my designated representative is not present at the meeting for which a public hearing is scheduled.

Signature: _____ Date: _____
Owner or Applicant

Planning Commission Action: Tabled _____ Approved _____ Denied _____

City Council Action: Tabled _____ Approved _____ Denied _____

Comments _____

Signature: _____ Date: _____
Zoning Administrator