

# SUBDIVISION ORDINANCE APPLICATION



**City of Alexandria**  
 704 Broadway | Alexandria, MN 56308  
 Ph: (320) 763-6678 | Fax: (320) 763-3511  
 www.ci.alexandria.mn.us

<b>Application #</b> _____	<b>Date App. Received</b> ____/____/____ <b>Date App. Complete</b> ____/____/____	<b>Fee Collected</b> \$ _____
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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*