



Application for Request to Planning Commission

Applicant/Contact Information

Applicant Name					
Applicant Address	<i>Street Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
	Area Code	Phone Number		Area Code	Phone Number
Home Phone Number:			Work Phone Number:		
Email Address:			Fax Number:		
Name of Business (if applicable):					
Business Address (if applicable):					
	Area Code	Phone Number		Area Code	Phone Number
Bus. Phone Number:			Bus. Fax Number:		

Proposed Site (subject property) of Planned Request

Address:				
Parcel ID:				
Legal Description:				
<i>Land Use:</i>	<i>Existing?</i>			<i>Proposed?</i>
<i>Zoning:</i>	<i>Existing?</i>			<i>Proposed?</i>

Action requested: (Check appropriate item)

<input type="checkbox"/> Variance	<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Vacation
<input type="checkbox"/> Rezoning	<input type="checkbox"/> Interim Use Permit	<input type="checkbox"/> Lot Split
<input type="checkbox"/> Ordinance Amendment	<input type="checkbox"/> Other	

**Please provide a detailed description of your request and
attach a copy of your property layout (if applicable)**

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I understand that any application fee is non-refundable. All costs associated with the processing of this application are the responsibility of the applicant whether this application is approved or denied. Any excess of escrow account deposits over expenditures will be refunded at the time of account closure. I also understand that as the applicant, it is my responsibility to obtain all other permits or licenses required by any applicable regulatory agencies for this Land Use Application.

Applicant Signature	Date	Co-Applicant Signature	Date

I hereby certify that I am the fee title owner/contract for deed vendee of record for the above-mentioned property. Failure to prove ownership may void any agreements entered into by the City of Pelican Rapids and I will be held liable for any and all costs incurred by the City.

Property Owner Signature	Date	Co-Property Owner Signature	Date

OFFICE USE ONLY (below)

Pursuant to the requirements of Chapter 9 of the Pelican Rapids City Code, this application was received by me or my duly designed representative on _____, and I hereby certify that this application meets all the necessary application requirements.

Zoning Administrator	Date

Planning Commission Action: Date _____

<input type="checkbox"/>	Approved	Additional Comments:	
<input type="checkbox"/>	Denied	Reason:	

City Council Action: Date _____

<input type="checkbox"/>	Approved	Additional Comments:	
<input type="checkbox"/>	Denied	Reasons:	

Other Comments: