SUBDIVISION ORDINANCE APPLICATION

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

Application #	Date App. Received_____/_____/_____	Fee Collected
_____	Date App. Complete ____/_____/_____	$_____

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