



City of Marine on St Croix Zoning Administrative Form

Application Date:	
Fee: \$	Escrow: \$
Amount Paid:	Receipt #

Application (check all that apply)

- Conditional Use Permit (CUP)
 Variance
 Planned Unit Development (PUD)

- Site Plan
 Interim Use Permit (IUP)
 Zoning Code Amendment (text or map)

Parcel Identification Number (PIN):	
Legal Description:	Zoning District <i>Current:</i> <i>Proposed:</i>
Project Address:	Comprehensive Plan Future Land Use <i>Current:</i> <i>Proposed:</i>
Property Owner	
Name	
Address	
Phone #	
Email Address	
Applicant (if different than owner)	
<i>Name</i>	
<i>Address</i>	
<i>Phone #</i>	
<i>Email Address</i>	
Description of Request	

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Additional materials specific to each application type must be submitted with this application form and fee in order to be considered a complete application. These materials are listed on the individual application information forms.

This application will be processed in accordance with established City review procedures and Minnesota Statutes 15.99 as amended, at such time as it is determined to be complete. Pursuant to Minnesota Statutes 15.99, the City will notify the applicant within 15 business days from the filing date of any incomplete or other information necessary to complete the application. Failure on the applicant's part to supply all necessary information as requested by the City may be cause for denying this application.

We, the undersigned, have read and understand the above.

Signature of Owner

Date

Signature of Applicant (if different than owner)

Date

<i>Date of Public Hearing:</i>		
<i>Approved</i>	<i>Denied</i>	<i>By the Planning Commission on (date):</i>
<i>Approved</i>	<i>Denied</i>	<i>By the City Council on (date):</i>