Revised 12/18/20

## CITY OF CORCORAN LAND USE APPLICATION FORM

| For Internal Use | Only |
|------------------|------|
| Fees Paid:       | \$   |
| Escrow Paid:     | \$   |
| Dev. Sign Paid:  | \$   |
| Project:         | #    |
|                  |      |

|  | Type of Applica  | ation   |   |         |
|--|--|---|---|---------|
| ☐ Administrative Permit ☐ Agricultural Preserve ☐ Certificate of Compliance ☐ Home Occupation ☐ Topography/Wetland Exen ☐ Environmental Review ☐ Electronic Filing Waiver ☐ Lot Line Adjustment/Conse ☐ Minor Subdivision ☐ Sketch Plat/Plan Review (F) ☐ Preliminary/Plat — Base (R) ☐ Final Plat (Reg./OS&P) | olidation Reg./OS&P)   | ☐ Developi ☐ Compred ☐ Zoning/S ☐ Variance ☐ Conditio ☐ Interim U ☐ Site Plan ☐ PUD Ske | nal Use Permit (CUI<br>Use Permit (IUP)<br>etch Plan<br>eliminary Plan<br>al Plan | linance |
|  | Property Inform  | ation   |   |         |
| Address  |  | PID Nun   | nber119-23  |         |
| Legal Description (attach if necessary   | )  |   |   |         |
|  |  |   |   |         |
|  | Applicant Inform   | nation  |   |         |
| Applicants Name:   |  |   |   |         |
|  |  |   |   | Zin     |
| Address:Street   |  | City  | State   |         |
| Address:Street Phone (W)   | Phone (H)  | City  | State Fax   |         |
| Address:Street  Phone (W)  Print or Type Name:   | Phone (H)Em.   | City ail Address  | StateFax  |         |
| Address:Street  Phone (W)  Print or Type Name:  Signature:   | Phone (H)Em  | City ail Address Date   | State Fax   |         |
| Applicants Name:  Address:  Street  Phone (W)  Print or Type Name:  Signature:  Contact Person Name (If other than applications)   | Phone (H)Emoplicant)   | City ail Address Date   | State Fax   |         |
| Address:Street  Phone (W)  Print or Type Name:  Signature:   | Phone (H)Emplicant)Address:  | City ail Address Date   | State Fax   |         |
| Address:Street  Phone (W)  Print or Type Name:  Signature:  Contact Person Name (If other than approximate)  Phone:A   | Phone (H)Emplicant)Address:  | City  ail Address  Date   | State Fax   |         |
| Address:Street  Phone (W)  Print or Type Name:  Signature:  Contact Person Name (If other than application of the phone:   | Phone (H) Emplicant) Address: Owner Informa  | City  ail Address  Date  ntion  | StateFax  |         |
| Address:Street  Phone (W)  Print or Type Name:  Signature:  Contact Person Name (If other than apphone:A   | Phone (H) Employer information of the content | City ail Address Date ation   | StateFax  |         |
| Address:Street  Phone (W)  Print or Type Name:  Signature:  Contact Person Name (If other than appropriate phone:A   | Phone (H) Emplicant) Address: Owner Informa  | City  ail Address  Date  Ontion  City   | State Fax State   | Zip     |
| Address:Street  Phone (W)  Print or Type Name:  Signature:  Contact Person Name (If other than approximate)  Phone:A   | Phone (H) Emplicant) Address: Owner Information   Phone (H)  | City  ail Address  Date  Otto  City   | StateFax StateStateFax  | Zip     |

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Planning Land Use Application

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## **Agreement to Pay Costs of Processing Application**

The City of Corcoran requires all applicants and/or the owner(s) of the property to reimburse the City for any and all costs incurred by the City to review and act upon applications so that these costs are not absorbed by the tax payers.

The application fee includes administrative costs which are necessary to process the application, including but not limited to the preparation of the legal notice, publication of legal notice, postage, coordination and copying of agenda material, and other items relative to the specific application.

The escrow fee will include all charges for staff time by the Planning Consultant, City Engineer, City Attorney and / or Other Consultant as needed to process the application

The City will track all consultant costs associated with the application. If these costs are projected to exceed the money initially deposited to your escrow account you will be notified in the manner that you have identified below that additional monies are required in order to continue your application process. All work on the application shall cease until the escrow account is replenished with the amount estimated by staff to complete the work. If you choose to terminate the application (notice must be in writing) you will be responsible for all costs incurred to that point. If you choose to continue the process you will be billed for the additional monies and an explanation of expenses will be furnished. If payment is not received within seven (7) days as required by this agreement, the City will suspend the application review process and may deny the application for failure to comply with the requirements for processing the application. *Payment for all costs will be required whether the application is granted or denied.* 

With my signature below, I hereby acknowledge that I have read this agreement in its entirety and understand the terms herein. I agree to pay to the City all costs incurred during the review process as set forth in this Agreement. This includes any and all expenses that exceed the initial Escrow Deposit to be paid within 30 days of billing notification. I further understand that the application process will be terminated if payment is not made and application may be denied for failure to reimburse the City for costs.

Property owners: I/we understand and acknowledge that if the aforementioned costs are not paid in a timely manner, the City

may approve a special assessment for which the I/we, as the property owner(s), specifically agree to be assessed 100 percent per annum, and I/we waive any and all appeals under Minnesota Statutes § 429.061.

I wish to be notified of additional costs in the following manner: 

E-mail 

Fax 

USP – Certified Mail Print or Type Name of Property Owner(s) and any other Party Responsible for Payment:

Signature of Responsible Party 

Deta

| Revised 12/18/20 |  |
|------------------|--|
|                  | Please attach a brief description of your project/reason for your request. |
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