



CONCEPT PLAN REVIEW APPLICATION

Planning Department | City of Savage | 6000 McColl Drive, Savage, MN 55378 | Office: 952-882-2660

SITE INFORMATION

Site Address:

Legal Description:

Property Identification Number(s):

Name of Proposed Project:

Total Acreage:

Zoning District:

Number of Lots:

Number of Outlots:

Current Land Use:

Future Land Use:

Description of Request:

PROPERTY FEE OWNER INFORMATION

Property Fee Owner(s):

Mailing Address:

City:

State:

Zip:

Email:

Phone:

APPLICANT INFORMATION

Applicant:

Mailing Address:

City:

State:

Zip:

Contact Person:

Office Phone:

Cell Phone:

Email:

ENGINEER INFORMATION

Company Name:

Mailing Address:

City:

State:

Zip:

Contact:

Office Phone:

Cell Phone:

Email:

SURVEYOR INFORMATION

Company Name:

Mailing Address:

City: State: Zip:

Contact Person: Office Phone:

Cell Phone: Email:

Are there any possible wetlands within the boundary or near the proposed subdivision? Yes No

Have the wetlands been delineated? Yes No

Are there existing easements on the property? Yes No

Are there any special assessments on this property? Yes No

ACKNOWLEDGEMENT OF RESPONSIBILITY

By signing below, I certify that I am responsible for complying with all City Code requirements and the laws of the State of Minnesota with regard to this request. I certify the information I have supplied is true and correct to the best of my knowledge and my application submittal is complete. I further understand that additional information may be required for analysis of this request and I agree that any additional costs incurred by the City will be my responsibility.

Applicant Signature(s): Date:

Property Owner Signature(s): Date:

NOTES FEES

NOTES	FEES	
	Application Fee:	\$ 200.00
	Escrow Deposit*:	
	Total Amount Due:	

*A Review Escrow Deposit Agreement may be required to reimburse costs the City for additional costs incurred by the City during the review process. The agreement must be executed and submitted for your application to be considered complete.

FOR CITY USE ONLY

PROJECT NUMBER:

DATE APPLICATION & FEE RECEIVED:

60-DAY REVIEW DEADLINE:

PLANNING COMMISSION MEETING DATE:

CITY COUNCIL MEETING DATE:

COUNCIL RESOLUTION NUMBER: