



CONDITIONAL USE PERMIT APPLICATION

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

PROPERTY INFORMATION

Site Address:

Property Identification Number(s):

Legal Description:

Total Acreage:

Zoning:

Future Land Use Designation:

Flood Zone:

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:

Description of Request:

ENGINEER INFORMATION

| | | |
|------------------|---------------|------|
| Company Name: | | |
| Mailing Address: | | |
| City: | State: | Zip: |
| Contact Person: | Office Phone: | |
| Cell Phone: | Email: | |

SURVEYOR INFORMATION

| | | |
|------------------|--------|------|
| Company Name: | | |
| Mailing Address: | | |
| Contact Person: | State: | Zip: |
| Cell Phone: | Email: | |

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 | |
|-------|---|----------|
| | Application Fee - Residential Property: | \$450.00 |
| | Application Fee - All Other Property: | \$650.00 |
| | 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

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|-----------------------------------|--|
| PROJECT NUMBER: | |
| DATE APPLICATION & FEE RECEIVED: | |
| 60-DAY REVIEW DATE: | |
| PLANNING COMMISSION MEETING DATE: | |
| CITY COUNCIL MEETING DATE: | |
| COUNCIL RESOLUTION NUMBER: | |