



# FINAL PLAT APPLICATION

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

## PROPERTY INFORMATION

Name of Proposed Plat:

Site Address:

Legal Description:

Property Identification Number(s):

Property:  Abstract  Torrens

Zoning:

Total Acreage:

Number of Lots:

Number of Outlots:

Does Final Plat include any changes from approved Preliminary Plat:  No  Yes\*

\*If yes, describe modifications from preliminary plat and attach to application form on separate sheet:

## PROPERTY FEE OWNER INFORMATION

Property Fee Owner:

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:

**ADDITIONAL INFORMATION**

Are there any possible wetlands within the boundary or near the proposed subdivision?

**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:	\$500.00
	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 DATE:

PLANNING COMMISSION MEETING DATE:

CITY COUNCIL MEETING DATE:

COUNCIL RESOLUTION NUMBER: