



Rosemount City Hall
2875 145TH Street West
Rosemount, MN 55068
 651-423-4411
 651-423-4424 (FAX)

revised 9/2017

PLANNED UNIT DEVELOPMENT (PUD)
MASTER DEVELOPMENT PLAN APPLICATION (REZONING)

<i>Name of Applicant (to be used on legal documents)</i>	<i>Telephone No.</i>
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<i>Address of Applicant</i>	<i>Fax No.</i>
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Email Address of Applicant

<i>Name of Consultant</i>	<i>Telephone No.</i>
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<i>Address of Consultant</i>	<i>Fax No.</i>
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Name of Property Owner

<i>Address of Property Owner</i>	<i>Telephone No.</i>
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<i>Current Zoning</i>	<i>Proposed Zoning (if applicable)</i>
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<i>Present Use</i>	<i>Proposed Use (if applicable)</i>
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\$2,500.00 Fee Paid?	Yes	No
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Location Map of Property(ies) Involved Attached:	Yes	No
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Current Description(s) and Survey Attached?	Yes	No
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Revised Description(s) and Survey Attached?	Yes	No
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Project Description:

Conditions or Requirements:

Is the property recorded under the Torrens system? Yes No

(If yes, a copy of the property owner's Duplicate Certificate of Title must be included with this application.)

This application must be accompanied by a list of names and addresses of property owners within a 500-foot radius of the subject property or, if application pertains to property located in Agricultural (AG), Agricultural Preserve (AP), or Rural Residential (RR) District, the application must be accompanied by a list of names and addresses of property owners within a quarter (1/4) mile. Also to be included is one set of address labels of the property owners. These must accompany the application at the time of submittal.

NOTE: APPLICATIONS ARE NOT COMPLETE UNTIL ALL REQUIRED SUBMISSIONS HAVE BEEN RECEIVED.

ACKNOWLEDGMENT AND SIGNATURE:

THE UNDERSIGNED APPLICANT HEREBY REPRESENTS UPON ALL OF THE PENALTIES OF THE LAW, THE PURPOSE OF INDUCING THE CITY OF ROSEMOUNT TO TAKE ACTION HEREIN REQUESTED, THAT ALL STATEMENTS HEREIN ARE TRUE AND THAT ALL WORK HEREIN MENTIONED WILL BE DONE IN ACCORDANCE WITH THE ORDINANCE OF THE CITY OF ROSEMOUNT, AND THE LAWS OF THE STATE OF MINNESOTA, AND THAT THE UNDERSIGNED APPLICANT WILL PAY ALL FEES AND CHARGES INCURRED BY THE CITY FOR THE EXAMINATION AND REVIEW OF THIS PETITION.

BY CHECKING THIS BOX, I HEREBY AGREE TO ALL STATEMENTS HEREIN AND SUBMIT MY SIGNATURE ELECTRONICALLY TO THIS FORM.

Signature of Applicant

Signature of Property Owner

Printed Name of Applicant

Printed Name of Property Owner

Date

Date