



PLANNING APPLICATION

11955 Champlin Drive / Champlin, MN 55316 / Phone: 763-923-7102 / Fax: 763-421-5256 / www.ci.champlin.mn.us

Type of Request

☐ **Comprehensive Plan Amendment***

Fee: \$500

Escrow: \$500

☐ **Conditional Use Permit***

Residential:

Fee: \$300

Escrow: \$500

Commercial/Industrial:

Fee: \$450

Escrow: \$1,000

☐ **Preliminary PUD Plan* >**

Fee: \$500

Escrow: \$1,000

☐ **Final PUD Plan**

Fee: \$250

☐ **Preliminary Plat*>**

Fee: \$450 + \$10 per lot

Escrow: \$2,000

☐ **Final Plat**

Fee: \$200

☐ **Rezoning***

Fee: \$550

☐ **Site Plan Review*>**

Fee: \$550

Escrow: \$2,000

☐ **Variance to Zoning Code***

Fee: \$250

☐ **Waiver of Platting/Lot Split*>**

Fee: \$550

Escrow: \$1,000

☐ **Waiver of Platting/Lot Split >**
(Not creating additional Lots)

Fee: \$300

☐ **Zoning Text Amendment***

Fee: \$300

Escrow: \$1,000

☐ **Vacation – Easement/R.O.W.**

Fee: \$300

☐ **Telecommunications Tower**

Fee: \$2,000

☐ **Administrative Review**

Fee: \$50

☐ **Proposed Development Sign**

Fee: \$100

***Applicants must enter into a reimbursement agreement with the City for any special studies or legal fees.**

> Provide additional contacts on page 2

Project Number: _____

Request: _____

Site Location: _____

Legal Description: _____

Applicant:

Name: _____

Address _____

City _____ State _____ Zip Code _____
() _____ () _____ () _____
Daytime Phone Fax Other Type/Cell

E-Mail _____

Applicant's Signature _____ Date _____

Property Owner:

(if different than applicant)

Name: _____

Address _____

City _____ State _____ Zip Code _____
() _____ () _____ () _____
Daytime Phone Fax Other Type/Cell

E-Mail _____

Owner's Signature _____ Date _____

Date Application Received: _____ BY: _____

Date Application Complete: _____ BY: _____

If an escrow is stated, the applicant is required to deposit said amount to cover actual costs of outside consultants, including city attorney, used for reviewing applications. An application is incomplete without paid escrow fees.



PLANNING APPLICATION – PG 2

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Architect:

Business Name: _____

Address: _____

Contact Name: _____

Phone: _____ Email: _____

Engineer:

Business Name: _____

Address: _____

Contact Name: _____

Phone: _____ Email: _____

Project Contact (Specify):

Business Name: _____

Address: _____

Contact Name: _____

Phone: _____ Email: _____

Office Use Only:

Project Number: _____

Date Application Received: _____ BY: _____

Date Application Complete: _____ BY: _____