

216 4th Street North Stillwater, MN 55082 651-430-8820 www.stillwatermn.gov planningdept@stillwatermn.gov

## **LAND USE APPLICATION**

For Staff Use Only		
Case #:		
Date Filed:		
Fees:		
Escrow:		
Receipt #:		
Complete Application Date:		

## **Application Type (check all that apply)**

Appeal	Lot Line Adjustment
Comprehensive Plan Amendment	Planned Unit Development
Concept Plan Review (Escrow Only)	Project Modification
Conditional Use Permit*	Resubdivision / Lot Split
Encroachment Agreement	Site Plan Review (Escrow)
Heritage Preservation Demolition Approval	Subdivision / Plat (Escrow)
Heritage Preservation Design Approval	Vacate D/U Easement (Escrow Only)
Heritage Preservation Use Variance	Variance
Interim Use Permit*	Zoning Amendment
Lot Combination	Other:

\*with Site Plan Review escrow may be required

## **Property & Project Information**

Address of Property:	
Legal Description of Property:	
Property ID (PID):	Zoning District:
Brief Description of Project:	

## **Applicant and Property Owner Information**

Dy alamina I -	Applicant		Property Owner
Please list any materials you believe meet the criteria above and are therefore non-public data.			
that all data  I understand to the best of	It that all information submitted for the is presumed public data and can be the City has the ultimate authority the tente foregoing statements and all confirms the limit of my knowledge and belief, true and the limit is will comply with the permit if it is allows certain data to be considered m, device, method, technique or product is the subject of efforts that a lat derives independent economic valuadily ascertainable by proper means or use.	made available to to determine what made available to to determine what made and used.  granted and used.  non-public data becomes (1) that was sure reasonable under ue, actual or potent	he public. hay be considered non-public data. d evidence submitted here within, is cause it contains a formula, pattern, upplied by me or an organization r the circumstances to maintain its ial, from not being generally known
Please check each	box to indicate you agree to the follo	owing statements.	
	Application Sub	mittal Disclosure	
Email Address:		Email Address:	
Phone #:		Phone #:	
City, State ZIP		City, State ZIP	
Mailing Address:		Mailing Address:	
Applicant:		Property Owner:	

Applicant By signing, I agree to the statements above.		Property Owner By signing, I agree to the statements above.	
Signature		Signature	

Signature is required.

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