



**CITY OF ST. CLOUD
PRELIMINARY SUBDIVISION PLAN
ADDENDUM, REQUIREMENTS, AND CHECKLIST**

FOR OFFICIAL USE ONLY

Date Received: _____

Case #: _____

SEPTEMBER 2021

SUBMITTAL CHECKLIST

- DRC Application
- DRC Processing
Fee: See fee schedule
Note: Resubmittal fee is 50% of original fee
- Concurrency Management Application
- Concurrency Review Fee see page 2
- Notarized Agent Authorization Form
- Property Appraiser printout or tax bill for each parcel
- 1 CD with COMBINED plan set in PDF format
- 1 Traffic Impact Analysis, if required by City Engineer, signed and sealed
- Upon approval, a specific number of signed/sealed/folded plan sets (minimum 22" X 34") will be requested. All sheets in sets must be same size.

Project Name: _____

Location: _____

Parcel ID(s): _____

Future Land Use Designation: _____ Zoning District: _____

Planned Unit Development (PUD) name, if associated: _____

| <u>Access Roads</u> – Name(s) | Paved? | City or County maintained? |
|-------------------------------|--------|----------------------------|
| | | |
| | | |

Site Statistics:

Acreage: _____ Number of Tracts: _____

Number of Lots: _____ Minimum Lot Size: _____

How many miles of internal roadways are included in the subdivision? _____

Owner(s) of adjacent property: _____

Residential information:

Will there be any impacts to the schools? _____

If so, how will the developer offset them? _____

Will there be a site dedicated to the School District? _____

If yes, which phase will contain the school site? _____

Will this development construct sidewalks? Interior _____ Exterior _____

Design:

Describe the design criteria to be used for this development. (ie: traditional neighborhood, townhome)

I certify that I have reviewed the Land Development Code and that my submission meets all requirements. The only exceptions are those items to which I am requesting variances to or waivers from certain sections of the code and understand that they must be listed on the plans individually and on the attached transmittal. I understand that if an item does need a variance, it will be necessary to file through the appropriate governing body.

APPLICANT/AGENT SIGNATURE

APPLICANT/AGENT NAME and TITLE

DATE

GENERAL REQUIREMENTS

- Sheet Size: 22" X 34" minimum
- Title, Legend & Location Block, to be located in the lower right corner of the sheet
- Location Sketch (oriented in same direction as lotting scheme) at approximately 1" = 2,000'
- Scale 1" = 100' for lots up to one acre, all other to sufficient scale to show details
- Section, Township, and Range of the subdivision
- Legal Description
- North Arrow
- Name of adjacent subdivisions showing Plat Book and Page and Lotting Layout
- Topography at one foot contours
- Location of existing conditions on and adjacent to the tract
- Setback lines shown from streets and natural water bodies
- Phasing shown by illustrating the separate divisions
- Identification of on-site soils
- Identification of wetlands and 100 year flood plain as applicable
- Identification and location of all trees
- Existing streets, including name and right of way width within 500 feet of the proposed entrance
- Proposed streets including classification, cross-section for all entrance roads, featuring medians, with a note explaining maintenance responsibility and ownership
- Additional information to include approved development standards and a table for all tracts with proposed maintenance responsibility
- Architectural Elevations
- All adjacent roadways identified in the traffic circulation element
- Water and sewer including points of connection with existing systems
- Additional information including proposed vacations of rights of way

CONCURRENCY REVIEW FEES-See fee schedule



**CITY OF ST. CLOUD
DEVELOPMENT REVIEW
APPLICATION**

FOR OFFICIAL USE ONLY

Date Received: _____

Case #: _____

| | |
|-------------------------------------|---|
| Pre-Application meeting date: _____ | Applicant/Agent did <u>not</u> participate in Pre-Application meeting |
|-------------------------------------|---|

| | |
|------------------|----------------|
| Applicant: _____ | Agent: _____ |
| Contact: _____ | Contact: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ |

Legal Owner(s) of Property (List all recorded owners): _____

Owner Address: _____

Owner Email: _____

Project Name/Plan Name: _____

Site Location/Address: _____

Project/Plan Type: _____

Area of Development (Acreage or Square Feet): _____

Parcel Identification Number(s) (List all): _____

Future Land Use: _____ Proposed Future Land Use: _____

Zoning: _____ Proposed Zoning: _____

Will proposed development be for: Short Term Rental? YES NO Vacation Villas? YES NO

Affordable Workforce Housing for Essential Service Personnel (AWHESP)? YES NO

Housing for Older Persons? YES NO

Is this proposed development in an Urban Infill or Redevelopment (CRA) Area? YES NO

Number of units or lots: SF _____ MF _____ MH _____

Number of commercial buildings: _____ Total square footage: _____

| Phasing Schedule: To be completed by applicant for projected build out. (required, if applicable) | | | | | | | | |
|---|------|------|------|------|------|-----------|-----------|-------------|
| Unit Type | 2018 | 2019 | 2020 | 2021 | 2022 | 2023-2028 | 2028-2034 | 2035-beyond |
| SF | | | | | | | | |
| MF | | | | | | | | |
| MH | | | | | | | | |
| Totals | | | | | | | | |

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| | | |
|----------------------------------|---------------------------------------|-------------|
| _____ | _____ | _____ |
| APPLICANT/AGENT SIGNATURE | APPLICANT/AGENT NAME and TITLE | DATE |

