



**ZONING APPLICATION:**  
**Conditional Use Permit\* - RESIDENTIAL USE (Chapter 153.034)**

CUP Application: \$1000 Application Fee  
CUP Amendment: \$500 Application Fee

- |   |                                 |
|---|---------------------------------|
| Written description of proposed conditional use                   | Property survey                 |
| Building floor plans  | Landscape plans                 |
| Soil conditions   | Grading & drainage plans        |
| Site map, including principal land uses within 350 ft of property | Proof of ownership & title work |

Other: Refer to Supplemental Handout for Additional Application Requirements. *\*this application includes Site Plan Review*

**Responsible Party for invoice/billing:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**LOCATION: PID** \_\_\_\_\_ **Legal: Lot** \_\_\_\_\_ **Block** \_\_\_\_\_ **Subdivision** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_ **ZONING DISTRICT:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

I fully understand that I must meet with City Staff to review all submission requirements and conditions prior to official submission, and that all required information must be submitted at least thirty (30) days prior to the Planning Commission and City Council scheduled meeting dates to ensure review by City Staff.

Applicant Signature:

Date:

Owner Signature:

Date



## FINANCIAL BILL BACK AND ESCROW AGREEMENT

Project Name: \_\_\_\_\_

Project Type: \_\_\_\_\_

### Responsible Party for invoice/billing if different than the owner or applicant:

Contact Name: \_\_\_\_\_

Invoice Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Owner Information:

Owner Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Initial Escrow deposits may not cover actual expenses incurred by the City of Forest Lake for the review and processing the application. The City may request the applicant or the responsible party to submit Additional escrow deposits. In the event escrow deposits are in arrears, the City will request the applicant or responsible party to submit additional funds. If additional funds are not submitted, the City may a) cease working on the project; and/or b) bill the person responsible for invoice/billing, noted above. All fees and expenses are due to be paid to the City whether the application is approved, denied or withdrawn.

By signing this agreement form, I agree that all fees and expenses incurred by the City for the processing of this application, including costs for legal, engineering, and administrative professional services, are the responsibility of the property owner.

Failure of the applicant or property owner to pay for all fees and expenses incurred by the City will result in the fees being assessed to the property.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Printed Name: \_\_\_\_\_