



**CONCEPT PLAN REVIEW**

**8188 199TH AVENUE NW, NOWTHEN, MN 55330  
(763) 441-1347**

RETURN TO: [PERMITS@NOWTHENMN.NET](mailto:PERMITS@NOWTHENMN.NET)

<p><input type="checkbox"/> <b>CONCEPT PLAN REVIEW</b></p> <p>Base Fee:       \$ 200 Escrow:         \$1,000 Total Amt. Due: \$1,200</p> <p><i>NOTE: City feedback on a conceptual development plan or subdivision is strictly advisory and does not bind the City in any way. The 60-day rule does not apply to concept plan reviews.</i></p> <p>Amt. Paid: _____ CC/Check# _____</p>	<p>*****FOR OFFICE USE ONLY *** FOR OFFICE USE ONLY*****</p> <p>Date Application Received: _____</p> <p>Date Application Complete: _____</p> <p>Planning &amp; Zoning Mtg. Date: _____</p> <p>City Council Meeting Date (not required): _____</p> <p>Received By: _____</p>
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**Property Information**    Street Address: \_\_\_\_\_

Property Identification Number (PID#): \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_

Legal Description (Attach full description of Metes & Bounds if necessary):  
\_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Property Owner Information** (If other than applicant):

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

e-mail: \_\_\_\_\_

**APPLICATION FEES AND EXPENSES:** We the applicant and undersigned property owner agree to provide to the City, in cash or certified check, for deposit in an escrow fund, the amount of \$ \_\_\_\_\_ as partial payment for all fees and estimated future City administrative, planning, legal and engineering fees incurred in processing this request. If the escrow amount is depleted, I agree to furnish additional monies as requested by the City within 10 days of such request. I understand that any amounts not utilized from this escrow fund shall be returned to me, without interest, when all financial obligations to the City have been satisfied. **All fees and expenses are due whether the application is approved or denied.**

I understand and agree that all City-incurred professional fees and expenses associated with the processing of this request and enforcing the terms of this agreement including, but not limited to, attorney's fees are my responsibility as the property owner and will be promptly paid by myself upon billing by the City in the event the escrow fund is depleted. I further understand and agree that as the property owner I must make said payment within 10 days of the date of the invoice. Bills not paid within the 10 days of request for payment by the City shall accrue interest at the rate of 6% per year. Further, if I fail to pay said amounts when due, then the City may certify such costs against any property owned by me within the City limits for collection with the real estate taxes and/or take necessary legal action to recover such costs and I agree that the City shall be entitled to attorney's fees and other costs incurred by the City as a result of such legal action. I knowingly and voluntarily waive all rights to appeal said certification of such expenses against my property under any applicable Minnesota Statutes.

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

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials submitted in support of this application are in compliance with adopted City policy and ordinance requirements and are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes 15.99 at such time as it is determined to be complete. Pursuant to Minnesota Statutes 15.99, the City will notify the applicant within fifteen (15) days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.

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

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_