

**COMMUNITY DEVELOPMENT DEPARTMENT**  
 Planning Division – 7700 Market Boulevard  
 Mailing Address – P.O. Box 147, Chanhassen, MN 55317  
 Phone: (952) 227-1300 / Fax: (952) 227-1110



**CITY OF CHANHASSEN**

**APPLICATION FOR DEVELOPMENT REVIEW**

Submittal Date: 1/17/20 PC Date: 2/18/20 CC Date: 3/9/20 60-Day Review Date: 3/17/20

**Section 1: Application Type (check all that apply)**

(Refer to the appropriate Application Checklist for required submittal information that must accompany this application)

- Comprehensive Plan Amendment..... \$600
    - Minor MUSA line for failing on-site sewers ..... \$100
  - Conditional Use Permit (CUP)
    - Single-Family Residence ..... \$325
    - All Others..... \$425
  - Interim Use Permit (IUP)
    - In conjunction with Single-Family Residence.. \$325
    - All Others..... \$425
  - Rezoning (REZ)
    - Planned Unit Development (PUD) ..... \$750
    - Minor Amendment to existing PUD ..... \$100
    - All Others..... \$500
  - Sign Plan Review..... \$150
  - Site Plan Review (SPR)
    - Administrative..... \$100
    - Commercial/Industrial Districts\* ..... \$500
    - Plus \$10 per 1,000 square feet of building area:  
 (\_\_\_\_\_ thousand square feet)  
 \*Include number of existing employees: \_\_\_\_\_  
 \*Include number of new employees: \_\_\_\_\_
    - Residential Districts..... \$500
    - Plus \$5 per dwelling unit (\_\_\_\_\_ units)
  - Subdivision (SUB)
    - Create 3 lots or less ..... \$300
    - Create over 3 lots ..... \$600 + \$15 per lot  
 (\_\_\_\_\_ lots)
    - Metes & Bounds (2 lots)..... \$300
    - Consolidate Lots..... \$150
    - Lot Line Adjustment..... \$150
    - Final Plat..... \$700  
 (Includes \$450 escrow for attorney costs)\*  
 \*Additional escrow may be required for other applications through the development contract.
  - Vacation of Easements/Right-of-way (VAC)..... \$300  
 (Additional recording fees may apply)
  - Variance (VAR)..... \$200
  - Wetland Alteration Permit (WAP)
    - Single-Family Residence..... \$150
    - All Others..... \$275
  - Zoning Appeal..... \$100
  - Zoning Ordinance Amendment (ZOA)..... \$500
- NOTE: When multiple applications are processed concurrently, the appropriate fee shall be charged for each application.**
- Notification Sign (City to install and remove) ..... \$200
  - Property Owners' List within 500' (City to generate after pre-application meeting) ..... \$3 per address  
 (64 addresses)
  - Escrow for Recording Documents (check all that apply)..... \$50 per document
 

<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Interim Use Permit	<input type="checkbox"/> Site Plan Agreement
<input type="checkbox"/> Vacation	<input checked="" type="checkbox"/> Variance	<input type="checkbox"/> Wetland Alteration Permit
<input type="checkbox"/> Metes & Bounds Subdivision (3 docs.)	<input type="checkbox"/> Easements (_____ easements)	<input type="checkbox"/> Deeds
- TOTAL FEE: \$642.00**

**Section 2: Required Information**

Description of Proposal:

Property Address or Location: 306 W. 78<sup>th</sup> Street  
 Parcel #: 250500010 Legal Description: \_\_\_\_\_  
 Total Acreage: \_\_\_\_\_ Wetlands Present?  Yes  No  
 Present Zoning: Select One Requested Zoning: Select One  
 Present Land Use Designation: Select One Requested Land Use Designation: Select One  
 Existing Use of Property: \_\_\_\_\_  
 Check box if separate narrative is attached.

**Section 3: Property Owner and Applicant Information**

**APPLICANT OTHER THAN PROPERTY OWNER:** In signing this application, I, as applicant, represent to have obtained authorization from the property owner to file this application. I agree to be bound by conditions of approval, subject only to the right to object at the hearings on the application or during the appeal period. If this application has not been signed by the property owner, I have attached separate documentation of full legal capacity to file the application. This application should be processed in my name and I am the party whom the City should contact regarding any matter pertaining to this application. I will keep myself informed of the deadlines for submission of material and the progress of this application. I further understand that additional fees may be charged for consulting fees, feasibility studies, etc. with an estimate prior to any authorization to proceed with the study. I certify that the information and exhibits submitted are true and correct.

Name: BLUE LABEL CREATIVE Contact: BEN JAMES  
 Address: 2460 GALPIN CT #120 Phone: \_\_\_\_\_  
 City/State/Zip: CHANDHASSEN MN 55317 Cell: 952-300-0149  
 Email: ben@bluelabelcreative.com Fax: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: 1-21-20

**PROPERTY OWNER:** In signing this application, I, as property owner, have full legal capacity to, and hereby do, authorize the filing of this application. I understand that conditions of approval are binding and agree to be bound by those conditions, subject only to the right to object at the hearings or during the appeal periods. I will keep myself informed of the deadlines for submission of material and the progress of this application. I further understand that additional fees may be charged for consulting fees, feasibility studies, etc. with an estimate prior to any authorization to proceed with the study. I certify that the information and exhibits submitted are true and correct.

Name: Kassie Grosz Contact: \_\_\_\_\_  
 Address: 306 W. 78th St. Phone: 952-949-9014 ex. 106  
 City/State/Zip: Chanhassen Mn 55317 Cell: \_\_\_\_\_  
 Email: groszk@chapel-hill.org Fax: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: 1-21-20

This application must be completed in full and must be accompanied by all information and plans required by applicable City Ordinance provisions. Before filing this application, refer to the appropriate Application Checklist and confer with the Planning Department to determine the specific ordinance and applicable procedural requirements and fees.

A determination of completeness of the application shall be made within 15 business days of application submittal. A written notice of application deficiencies shall be mailed to the applicant within 15 business days of application.

**PROJECT ENGINEER (if applicable)**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Section 4: Notification Information**

**Who should receive copies of staff reports?**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Property Owner | Via: <input checked="" type="checkbox"/> Email | <input type="checkbox"/> Mailed Paper Copy |
| <input checked="" type="checkbox"/> Applicant      | Via: <input checked="" type="checkbox"/> Email | <input type="checkbox"/> Mailed Paper Copy |
| <input type="checkbox"/> Engineer                  | Via: <input type="checkbox"/> Email            | <input type="checkbox"/> Mailed Paper Copy |
| <input type="checkbox"/> Other*                    | Via: <input type="checkbox"/> Email            | <input type="checkbox"/> Mailed Paper Copy |

**\*Other Contact Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

**INSTRUCTIONS TO APPLICANT:** Complete all necessary form fields, then select **SAVE FORM** to save a copy to your device. **PRINT FORM** and deliver to city along with required documents and payment. **SUBMIT FORM** to send a digital copy to the city for processing.

SAVE FORM

PRINT FORM

SUBMIT FORM