



APPLICATION FORM

Town of May
P.O. Box 60 | Marine on St. Croix, Minnesota 55047
651-439-1706 | bobbi@townofmay.org
Washington County, Minnesota

- | | |
|---|---|
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Lot Line Adjustment |
| <input type="checkbox"/> Zoning District Amendment | <input type="checkbox"/> Special Use Permit |
| <input type="checkbox"/> Text Amendment | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Planned United Development |
| <input type="checkbox"/> Certificate of Compliance | <input type="checkbox"/> Vacation of Street |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Preliminary/Final Plat |

Applicant Name: _____ Applicant Telephone Number: _____

Applicant Address: _____

Fee Owner of Affected Property Name/Telephone Phone: _____

Fee Owner of Affected Property Address: _____

Property Location (Legal Description): _____

Description and/or Reason for Request: _____

In signing this application, I hereby acknowledge that I have read and fully understand the application provisions of the ordinances of the Town of May. I understand that this application shall not be received or accepted by the Town of May until all data and information required by Resolution of the Board of Supervisors or ordinance has been provided to the Town of May.

I understand that I am responsible for and hereby agree to pay all statements received from the Town of May pertaining to administrative or processing expenses regarding this application. Further, I agree to pay to the Town Clerk at the time of filing this application, a deposit to be specified by the Town Clerk for the purpose of paying all administrative expenses incurred by the Town of May in this matter.

I understand that upon completion of the Town of May action on this request, the Town Clerk shall forward a statement of fees incurred remitting any excess from the deposition held by the Town of May or billing for additional fees incurred over and above the deposit.

Dated : _____ Application: _____

The above application and fee/escrow is hereby received on _____ by _____
Town Clerk