



CITY OF ROBBINSDALE
 4100 Lakeview Avenue North
 ROBBINSDALE, MN 55422

PLANNING APPLICATION NO. _____

(763) 531-1269 or (763) 531-1266

*To review references visit our website at www.robbinsdalemn.com
 SUBDIVISION (LOT SPLIT) (Reference Section 500.13, Subd 3)*

Applicant _____

Address _____

Owner (if different from Applicant) _____

Owner's Address _____

Applicant's Day Phone # _____

Applicant's Evening Phone # _____

Applicant's Email Address _____

Legal Description of Property _____

Present Zoning Classification _____ Existing Use of Property _____

Area of Property _____ Section of Ordinance(s): _____

Please describe the proposed use/request in appropriate detail (attach additional sheets if necessary):

Applications for a subdivision or lot split will not be accepted until the applicant has provided the following information:

1. Preliminary plat information per Section 500.17 or if a lot split:
 - A. Existing property boundary lines, structures, setbacks, streets, utilities, and public facilities on the subject property and adjacent property.
 - B. Existing easements, public and private, on the subject property and the purposes which are provided noted.
 - C. Proposed division of lot(s) showing proposed boundary lines.
 - D. Current and proposed Legal descriptions of lots to be formed.
2. Certificate of Survey (3 copies) showing the above and scaled elevation(s)
3. Application Fee

Applications for subdivisions will not be accepted until the applicant has provided all required information.

Requests must be received 4 weeks prior to the Planning Commission meeting at which request is to be heard.

Application Deadline: _____ Application Fee: \$ 200.00*, ** Receipt #: _____

Planning Commission Date _____ *City Council Date(s) _____ & _____
 (*Tentative: final date will be announced at Planning Commission meeting.)

The undersigned acknowledges/declares that all the facts and representations stated in this application are true and by signing, acknowledges the cost and the procedure for the processing of this application and certifies that the property described by the provided legal address is not tax delinquent. Furthermore, undersigned grants City staff entry upon the land in question to perform any necessary site inspections during the duration of the project. **Applicant should be represented at the Planning Commission meeting and the City Council public hearing.**

Signature of Applicant (and Owner if other than applicant) _____

_____ Date

***Applicant may be liable for additional expenses such as legal fees.**

****Applicant may be billed for additional staff time.**

_____, 20_____

Hennepin County Taxpayer Services Division
A-600 Government Center
Minneapolis, MN 55487-0060
Attention: Property Identification Supervisor

Dear **Sir or Madam:**

I hereby make a request for a (*separate, combined*) assessment on the following described land:

I.D. No. _____ I.D. No. _____
I.D. No. _____ I.D. No. _____
I.D. No. _____ I.D. No. _____

Remarks: _____

City of Robbinsdale

For _____ Tax Year

Signature of Fee Owner

Address

Phone

Mail tax statement to:

