



SUBDIVISION REVIEW APPLICATION

Department of Planning and Economic Development
Zoning Section
1400 City Hall Annex, 25 West Fourth Street
Saint Paul, MN 55102-1634
(651) 266-6583

Zoning Office Use Only	
File #	_____
Fee Paid \$	_____
Received By / Date	_____

APPLICANT

Property Owner(s)	_____		
Address	_____	City	_____
		State	_____
		Zip	_____
Email	_____		
Phone	_____		
Contact Person (if different)	_____		
Address	_____	City	_____
		State	_____
		Zip	_____
Email	_____		
Phone	_____		

PROPERTY INFO

Address / Location	_____		
PIN(s) & Legal Description	_____		
	<i>(Attach additional sheet if necessary.)</i>		

	Lot Area	_____	Current Zoning
		_____	_____

TYPE OF SUBDIVISION: Application is hereby made for subdivision review under provisions of Zoning Code Chapter 69, Subdivision Regulations, for the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Adjustment of Common Boundary | <input type="checkbox"/> Registered Land Survey | <input type="checkbox"/> Combined Plat |
| <input type="checkbox"/> Lot Split | <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Final Plat |

SUPPORTING INFORMATION: State the proposed use of the lots, including residential building types and number of dwelling units, and types of business and industrial uses. Attach additional sheets if necessary.

- For lot splits and adjustments of common boundaries, a certificate of survey and other information as required under Zoning Code § 69.305(1) – (5) is attached.
- For preliminary plats, a preliminary plat and other information as required under Zoning Code § 69.401(a) - (e) is attached.
- If you are a religious institution you may have certain rights under RLUIPA. Please check this box if you identify as a religious institution.

Applicant's Signature _____ **Date** _____