



City of Falcon Heights Planning Application

Action Requested By:

Name of Property Owner _____

Phone (h) _____ (w) _____

Address of Property Owner _____

Name of Applicant (if different) _____

Address _____ Phone _____

Property Involved:

Address _____

Legal Description _____

Property Identification Number (PIN) _____

Present Use of Property (check one):

- | | |
|---|---|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Business/Commercial |
| <input type="checkbox"/> Duplex/Two Family Dwelling | <input type="checkbox"/> Government/Institutional |
| <input type="checkbox"/> Multi Family Complex | <input type="checkbox"/> Vacant Land |

Action Requested (NON-REFUNDABLE):

- | | |
|--|--|
| <input type="checkbox"/> Variance (\$150.00) | <input type="checkbox"/> Lot Split (\$250.00) |
| <input type="checkbox"/> Conditional Use Permit (\$165.00) | <input type="checkbox"/> Site Plan Review (\$100.00) |
| <input type="checkbox"/> Rezoning (\$500.00) | <input type="checkbox"/> Other (Please Specify) |

Brief Summary of Request (applicant may submit letter to Planning Commission with details of request):

I certify that all statements on this application are true and correct:

Signature of Property Owner (required)

Signature of Applicant (if applicable)