

9	430 Third St., Farmington, MN 5502
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PLANNED UNIT DEVELOPMENT APPLICATION **Applicant**: ______ Fax: _____ Fax: _____ Address: City Street State Zip Code **Owner**: _____ Fax: _____ Mailing Address: ____ City State Street Zip Code **Premises Involved:** Address/ Legal Description (lot, block, plat name, section, township, range) Current Zoning District_____ Names & Addresses of All Owners: **SUBMITTAL REQUIREMENTS** – SEE ATTACHED FORM "A" Signature of Applicant Date Schematic Plan For office use only 1. Planning Commission Action Recommended Approval Recommended Denial 2. City Council Action ____Approved Denied **Preliminary PUD Plan** 1. Public Hearing Set for:____ ____Advertised in Local Newspaper 2. Planning Commission Action _____Recommended Approval Recommended Denial **3.** City Council Action _Approved Denied **Final PUD Plan** 1. City Council Action ____Approved Denied Comments:_____ Conditions Set: Planning division: Date: _____ 9/19