



GRANITE FALLS

MASTER LAND USE PERMIT APPLICATION

1. **Applicant** **Contact Person (if different)**

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone - Business: _____

Phone - Home: _____

2. Relation of Applicant to Property (check one):
 Owner Contract Purchaser Lessee Other (specify) _____

3. All Persons/Firms having an ownership interest in the property:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

4. General location of property (including nearest intersection): _____

5. Attach legal description of property. (NOTE: If recording of legal description is required, the format must comply with recording requirements.)

6. List all Assessor's Tax Account Numbers involved (all 14 digits):

Section Twp Range

7. Approximate acreage: _____

8. Present use of property: _____

9. Present zoning: _____

10. Source of water supply and name of water district, if any: _____

Method of sewage disposal and name of sewer district if any: _____

11. Permits requested from the City of Granite Falls (please check with Designated Official):

<input type="checkbox"/> Rezone	<input type="checkbox"/> Shoreline Management	<input type="checkbox"/> Shoreline Management Variance
<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Short Plat	<input type="checkbox"/> Shoreline Management CU
<input type="checkbox"/> Special Use	<input type="checkbox"/> Temporary Dwelling	<input type="checkbox"/> Short Plat Modification
<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Site Development Plan	<input type="checkbox"/> Plat Modification
<input type="checkbox"/> Accessory Apartment	<input type="checkbox"/> Binding Site Plan	<input type="checkbox"/> Major Revision - CU, SU, or Var.
<input type="checkbox"/> Variance	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Major Revision - Prel. Plat

12. Please explain your request or proposed use: _____

PLEASE FILL IN ALL APPROPRIATE SECTIONS

REZONE APPLICATIONS ONLY

13. Requested zoning: _____

14. Has anyone applied for a rezone of this property within the last five years?
 If yes, who? _____ Year? _____

FORMAL PLAT APPLICATIONS ONLY

16. Plat Name: _____ 17. Number of Lots _____

18. Previous Pre-Application Meeting? Yes No 19. Modification requested? Yes No