



339 THIRD STREET
 EXCELSIOR, MN 55331-1877
 952.474.5233

**Residential Review Permit
 Application**

APPLICANT INFORMATION

Name:		Business Name:	
Address:			
City:		State:	Zip Code:
Telephone:		E-Mail:	

OWNER INFORMATION (if different)

Name:		Business Name:	
Address:			
City:		State:	Zip Code:
Telephone:		E-Mail:	

TYPE OF APPLICATION (check all that apply)

<input type="checkbox"/> Sketch Plan	<input type="checkbox"/> Residential Review Permit
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PROJECT INFORMATION

Street Address:	Zoning District (R-1 or R-2):
Property Identification Number(s) (PIN #s):	
Legal Description (attach if necessary):	
Description of Proposal (attach additional information if needed):	
Reason(s) to Approve Request (attach additional information if needed):	

APPLICANT'S STATEMENT

This application should be processed in my name. I have completed all of the applicable filing requirements and, to the best of my knowledge, the documents and information I have submitted are true and correct. I agree to reimburse the City of Excelsior for the costs of professional Engineers and other Consultants hired by the City to review and inspect this proposal when the City is unable to do so with existing in house staff.

Signature: _____

Date: _____

OWNER'S STATEMENT

I am the owner of the above described property and I agree to this application.

Signature: _____

Date: _____

Please see the attached checklist(s) for a list of plans and other information that must be submitted with this application and for other important information. The checklist must be submitted with the application and the required submittals.