

Date Submitted:	

## Multi-Purpose Planning Application

SITE ADDRESS:						
Applicant Informa	tion					
Owner	Contractor _	Designer/Architect	Tenant _			
Company:			Phone:			
Contact Person (prin	nt):		Phone:			
Address:			Email:			
City:		State:	Zip code:			
PROPERTY OWNER						
Name/Company:			Phone:			
Address:						
City:		State:	Zip code:			
Property Informati	on					
PID Numbers:	27-	27-	27	27-		
Property acreage:						
Notes to Applica	nt					
<ul><li>City staff has a NOT be proce</li><li>Application for</li></ul>	st be submitted in its entirety wi 15 business days from the date o essed and will be returned to the ee is payable to the City of Shako nay vary depending on platted o	of application deadline to determ applicant. opee.	mine if an application is c	omplete. Incomplete applications will		
	represents upon all of the penaltie nd that all work herein will be don			ee to take the action herein requested, that and the State of Minnesota.		
Applicant's S	ignature		-	Date		
Property Ow	Property Owner's Signature			Date		