



PLANNED UNIT DEVELOPMENT AMENDMENT APPLICATION

Planning Department | City of Savage | 6000 McColl Drive, Savage, MN 55378 | Office: 952-882-2660

PROPERTY INFORMATION

Site Address:

Legal Description:

Property Identification Number(s):

Name of Plat:

PUD District:

Site Acreage:

Description and Reason for Amendment:

PROPERTY OWNER INFORMATION

Property Fee Owner:

Mailing Address:

City:

State:

Zip:

Email:

Phone:

APPLICANT INFORMATION

Applicant:

Mailing Address:

City:

State:

Zip:

Contact Person:

Office Phone:

Cell Phone:

Email:

ENGINEER INFORMATION

Company Name:

Mailing Address:

City:

State:

Zip:

Contact:

Office Phone:

Cell Phone:

Email:

SURVEYOR INFORMATION		
Company Name:		
Mailing Address:		
City:	State:	Zip:
Contact Person:	Office Phone:	
Cell Phone:	Email:	
ACKNOWLEDGEMENT OF RESPONSIBILITY		
<p>By signing below, I certify that I am responsible for complying with all City Code requirements and the laws of the State of Minnesota with regard to this request. I certify the information I have supplied is true and correct to the best of my knowledge and my application submittal is complete. I further understand that additional information may be required for analysis of this request and I agree that any additional costs incurred by the City will be my responsibility.</p>		
Applicant Signature(s):		Date:
Fee Owner Signature(s):		Date:
NOTES	FEES	
	Application Fee:	\$550.00
	Escrow Deposit*:	
	Total Amount Due:	
<p>*A Review Escrow Deposit Agreement may be required to reimburse costs the City for additional costs incurred by the City during the review process. The agreement must be executed and submitted for your application to be considered complete.</p>		
FOR CITY USE ONLY		
PROJECT NUMBER:		
DATE APPLICATION & FEE RECEIVED:		
60-DAY REVIEW DATE:		
PLANNING COMMISSION MEETING DATE:		
CITY COUNCIL MEETING DATE:		
ORDINANCE NUMBER:		