



# **EXTENSION OF EXPIRATION REQUEST REQUIREMENTS CHECKLIST**

## **Required for Application Process**

- Completed DRC Application for Review
- DRC Processing Fee - See fee schedule
- Notarized Agent Authorization Form
- Narrative (specifying justification for the extension and time frame requested)



**CITY OF ST. CLOUD  
DEVELOPMENT REVIEW  
APPLICATION**

**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_

Case #: \_\_\_\_\_

Pre-Application meeting date: _____	Applicant/Agent did <u>not</u> participate in Pre-Application meeting
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Applicant: _____	Agent: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____

Legal Owner(s) of Property (List all recorded owners): \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Email: \_\_\_\_\_

Project Name/Plan Name: \_\_\_\_\_

Site Location/Address: \_\_\_\_\_

Project/Plan Type: \_\_\_\_\_

Area of Development (Acreage or Square Feet): \_\_\_\_\_

Parcel Identification Number(s) (List all): \_\_\_\_\_

Future Land Use: \_\_\_\_\_ Proposed Future Land Use: \_\_\_\_\_

Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Will proposed development be for: Short Term Rental?  YES  NO Vacation Villas?  YES  NO

Affordable Workforce Housing for Essential Service Personnel (AWHESP)?  YES  NO

Housing for Older Persons?  YES  NO

Is this proposed development in an Urban Infill or Redevelopment (CRA) Area?  YES  NO

Number of units or lots: SF \_\_\_\_\_ MF \_\_\_\_\_ MH \_\_\_\_\_

Number of commercial buildings: \_\_\_\_\_ Total square footage: \_\_\_\_\_

Phasing Schedule: To be completed by applicant for projected build out. (required, if applicable)								
Unit Type	2018	2019	2020	2021	2022	2023-2028	2028-2034	2035-beyond
SF								
MF								
MH								
Totals								

I certify that I have reviewed the Land Development Code and that my submission meets all requirements. The only exceptions are those items to which I am requesting variances to or waivers from certain sections of the code and understand that they must be listed on the plans individually and on the attached transmittal. I understand that if an item does need a variance, it will be necessary to file through the appropriate governing body.

_____	_____	_____
<b>APPLICANT/AGENT SIGNATURE</b>	<b>APPLICANT/AGENT NAME and TITLE</b>	<b>DATE</b>

