	FOR OFFICIAL USE ONLY	
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Date Received:	
Case #:	



CITY OF ST. CLOUD MIXED USE CONCEPT PLAN/ **CONCEPT PLAN REVISION**

ADDENDUM, REQUIREMENTS, AND CHECKLIST

June	2021

_					June 2021	
SUBMITTAL CHECKLIST DRC Application	Project Name: Location: Parcel ID(s):					
□ DRC Processing Fee: See few schedule Note: Resubmittal fee is 50% of original fee □ Notarized Agent Authorization Form	Existing Future Land Use Designation: Existing Zoning District: Proposed Uses:					
□ Property Appraiser printout □ Legal Description in Word format –on CD or by email to planning@stcloud. org □ 1 CD with COMBINED plan set and exhibits in PDF format □ Upon approval, a specific number of signed/sealed/folded plan sets (minimum 22" X 34") may be requested. All sheets in sets must be same size.	Proposed Residential Density: Proposed Commercial FAR Intensity: Access Roads – Name(s) Paved? City or County maintained? Will there be any impacts to the schools? If so, how will the developer offset them? Will there be a site dedicated to the School District? If yes, which phase will contain the school site?					
	APPLICANT/AG	ENT SIGNATURE	APPLICANT/AG	ENT NAME and TITLE	DATE	

GENE	RAL REQUIREMENTS
	Sheet Size: 22" X 34" minimum
	 COVER SHEET Title Legend, Location Block, Parcel ID Numbers, Legal Description Location Sketch at approximately 1" = 2,000" Sheet Index
	SURVEY, signed/sealed
	DEVELOPMENT PROGRAM SHEET(S) O Place Types and Project Boundary O Wetlands/Stormwater Ponds O Other Jurisdictions O CMP/UBG Boundary
	FINE GRAIN NETWORK SHEET(S) o Internal Connectivity o Road Network o Trails o Parks
	FRAMEWORK STREETS SHEET(S) O Regional Connections O Internal Connectivity O Road Network O Transit
	PLACE TYPE SHEET(S) Neighborhood Types Centers Districts (Open Space/Special) Schools Other Civic Amenities
	STAGING SHEET(S) O Staging Phases O Major Infrastructure
	DEVELOPMENT PROGRAM TABLE SHEET(S) (Excel format) o Mix of uses o Densities and Intensities o Site Data: Acreage, Development Table, etc.



CITY OF ST. CLOUD DEVELOPMENT REVIEW APPLICATION

FOR OFFICIAL U	JSE ONLY
Date Received:	
Case #:	

Pre-Applicat	re-Application meeting date: Applicant/Agent did <u>not</u> participate in Pre-Application meeting							
Applicant:				Age	nt:			
Contact:				 Con	tact:			
Address:					lress:			
ridaress.								
Phone:				Pho	ne:			
Email:				Ema	nil:			
Legal Own	er(s) of Proper	rty (List all re	corded owner	s):				
Owner Ado	lress:							
Owner Ema	<u></u>							
Project Nar	ne/Plan Name	:						
Site Location	on/Address:							
Project/Pla	n Type:							
Area of De	velopment (A	creage or Squa	are Feet):					
Parcel Iden	tification Nun	nber(s) (List a	11):					
Future Lan	d Use:			Propose	d Future Land	d Use:		
Zoning:	·							
Will propo	sed developm	ent be for:	Short Term R	Rental? Y	ES 🗌 NO	Vacation Vil	las? YES	S 🗌 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:								
							11 \	
Phasing Sc Unit Type	hedule: To be 2018	e completed by 2019	y applicant for 2020	r projected bui 2021	ld out. (requi	red, if applica 2023-2028	ble) 2028-2034	2035-beyond
SF	2010	2017	2020	2021	2022	2023-2028	2020-2034	2033-0cyona
MF								
MH								
Totals								
								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.								
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APPLICANT/AGENT SIGNATURE APPLICANT/AGENT NAME and TITLE

DATE



I, (print property owner name)	, as the owner of the
real property described as follows	do
hereby authorize to act as my agent (print agent's na	nme), to
execute any petitions or other documents necessary	to effect the application approval requested and more
specifically described as follows,	, and to
appear on my behalf before any administrative or leg	gislative body in the City considering this application,
and to act in all respects as my agent in all matters p	ertaining to the application.
Date: Signature of Property Own	er Print Name of Property Owner
STATE OF FLORIDA : COUNTY OF:	
	ed before me by means of [] physical presence or []
who is personally known to me or has pro-	
identification.	
(Notary Stamp)	Signature of Notary Public My Commission Expires:
Legal Description(s) or Parcel ID(s) are required:	