



SKETCH PLAN/CONCEPT PLAN APPLICATION CHECKLIST

CITY OF GRANT

Mailing Address: P.O. Box 577
Willernie, Minnesota 55090
Town Hall: 111 Wildwood Road
Phone: (651) 426-3383 Fax: (651) 429-1998
E-mail: cityclrk@visi.com

Receipt No.

ESCROW: _____
 FEE: _____

Makes checks payable to City of Grant.

GENERAL REQUIREMENTS:

1. Application Form
2. Cash Escrow
3. A description of the request (either on the application form or in a letter)
4. Site Plan
 - 4 plan sets, 22" x 34"
 - 15 plan sets, 11" x 17"

Plan Sheet Requirements:

- Title block
- Name, address, phone number for owner, developer, surveyor, engineer
- Date of preparation and revision dates
- North Arrow
- Graphic scale not less than 1:100

INCLUDED IN SUBMITTAL

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
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SITE PLAN REQUIREMENTS

EXISTING AND PROPOSED:

1. Tract boundaries and dimensions
2. Significant topographic and physical features
3. Proposed general street and lot layout
4. General location of proposed public and private open space areas.
5. General drainage plan
6. Existing easements
7. Existing buildings
8. Area in acres and square feet
9. Setbacks
10. Buildable area for each proposed lot
11. Additional information relevant to the request

INCLUDED IN SUBMITTAL

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