

RECEIVED
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Land Use Application

19-123

<input type="checkbox"/> Plat – Sketch Plan	<input type="checkbox"/> Plat – Preliminary Plat	<input type="checkbox"/> Plat – Final Plat
<input type="checkbox"/> Administrative Plat	<input type="checkbox"/> Site Plan Review	<input type="checkbox"/> Easement/ROW Vacation
<input checked="" type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Interim Use Permit	<input type="checkbox"/> Comprehensive Plan Amendment
<input type="checkbox"/> Zoning Amendment	<input type="checkbox"/> Home Occupation Permit	<input type="checkbox"/> Variance
<input type="checkbox"/> Dwelling Moving Permit	<input type="checkbox"/> Environmental Permit	<input type="checkbox"/> Registered Land Survey
<input type="checkbox"/> Non-Traditional Animal License	<input type="checkbox"/> Beekeeping License	<input type="checkbox"/> Private Kennel License

Applicant Contact Information

Please note: All official communication will be routed through this contact.

Name:	James Couch		
Street Address:	15800 Traprock St		
City, State, ZIP:	Ramsey MN 55303		
Home Phone:	612 807 2585	Work Phone:	
Email:	james.couch@comcast.net	Fax Number:	
Name of Business (if applicable):			
Business Address (if applicable)			
Business City, State, ZIP			
Business Phone:		Business Fax:	

Subject Property Information

(Location of Application)

Address	15800 TRAPROCK ST
PIN	
Legal Description	
Zoning District	R-1 RURAL RESIDENTIAL

Contact the Planning Division at 763-433-9824 or planning@cityoframsey.com to request a Zoning Verification


Property Owner Information

(If different than Applicant)

Name:	James Couch		
Street Address:	15800 TRAPROCK ST		
City, State, ZIP:			
Home Phone:	612 817 2585	Work Phone:	
Email:	james.couch@comcast.net	Fax Number:	

Please provide a detailed description of your request and attached a copy of a scaled site plan

A "Land Use Sign" will be placed on the Subject Property to allow Ramsey Residents the opportunity to obtain information about your request.

Applicant Signature		Co-Applicant Signature	
Printed Name		Printed Name	
Title		Title	
Date	June 19, 2019	Date	

I understand that the application fee is non-refundable. All costs associated with the processing of this application are the responsibility of the applicant whether this application is approved or denied. Any excess of escrow account deposits over expenditures will be refunded at the time of account closure. I also understand that as the applicant, it is my responsibility to obtain all other permits or licenses required by any applicable regulatory agencies for this Land Use Application.

Property Owner Signature		Property Owner Signature	
Printed Name		Printed Name	
Title		Title	
Date		Date	

I hereby certify that I am the fee title owner/contract for deed vendee of record for the above-mentioned property. Failure to prove ownership may void any agreements entered into the City and I will be held liable for any and all costs incurred by the City.