



**Greater Bemidji Area
Joint Planning Board**

Application Site Plan Review / Field Verification

Please complete this application carefully and completely. PLEASE PRINT. Failure to fill in all of the required information may result in a delay of processing your application.

A fee of \$ _____ made payable to the **City of Bemidji** must accompany this application. Additional escrow or verification fees may apply for approved projects.

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An escrow account is established as indicated above to cover technical and legal expenses incurred by the Joint Planning Board (JPB) as part of the plan review. The applicant is responsible for all costs incurred by the JPB during plan review. If the escrow amount drops below 10% of the original deposit amount the JPB may require submittal of an additional escrow deposit sufficient to cover any anticipated expenses. Upon determination by the JPB that the project is complete or expired, the JPB will return the remaining escrow deposit to the applicant.

OFFICE USE ONLY	
Complete Application Rec'd	_____
Payment Rec'd	_____
Field Checked	_____
Zoning District	_____
Date Permitted	_____
Permit Number	_____
Comments	_____

OFFICE USE ONLY	
PROPERTY DATA	
OWNER: _____	EMAIL: _____
MAILING ADDRESS: _____	
SITE ADDRESS: _____	PARCEL: _____
PHONE NUMBER: WORK _____	HOME _____
CONTRACTOR NAME: _____	PHONE: _____

OFFICE USE ONLY		FEE
SITE REVIEW REQUIRED		
Site Analysis – Performance Standards Review (Exclude SF Home) (> ½ ac)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$500
Site Analysis – Performance Standards Review (Exclude SF Home) (> ½ ac)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$300
Setback verification for single family homes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$25
OHW or Bluff verification (Survey Required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$500
CUP/ IUP and Variance verification (if conditioned with review timeframe)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$300
Other Site Visit Verification as determine necessary by Planning Director.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____

OFFICE USE ONLY
REVIEW EXPLANATION

Anticipated date of review: _____ Time: _____

Plan to meet with Owner/Contractor on site: Yes No

Explanation of review:

ALL APPLICANTS MUST SIGN BELOW

I hereby certify that I am the owner or authorized agent of the owner of the above described property and that all uses will conform to the provisions of the Greater Bemidji Area Zoning and Subdivision Regulations. I further certify that I will comply with all conditions placed upon this permit should this application be approved. Intentional or unintentional falsification of this application or any attachments thereto will serve to make this application and any resultant permit invalid. I also authorize Greater Bemidji Area Joint Planning staff to inspect the property during review of this application and subsequent construction during reasonable times of the day.

Applicant: _____

Applicant _____

Date: _____

OFFICE USE ONLY
JPB STAFF VERIFICATION

A site review verification was completed on (date): _____, and it has been determined that the applicant is meeting the minimum requirements of the GBAJPB Zoning & Subdivision Ordinance.

Staff Signature: _____ Escrow amount to be returned: \$ _____

Staff Comments:

COMPLETED FORMS CAN BE SUBMITTED AT CITY HALL, 317 4TH STREET NW, LOWER LEVEL