

## BALDWIN TOWNSHIP SUBDIVISION SKETCH PLAN REVIEW

30239 128th Street, Baldwin Twp, MN 55371

## (763) 389-8931 RETURN T<u>o: town.clerk@baldwintwpmn.com</u>

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SKETCH PLAN REVIEWBase Fee:\$ 200Escrow:\$2,000Total Amt. Due:\$2,200NOTE:Township feedback on a conceptualdevelopment plan or subdivision sketch is strictlyadvisory and does not bind the Town in any way.The 60-day rule does not apply to concept planreviews.	Date Application Receiv Date Application Compl Planning Commission M	ONLY *** FOR OFFICE USE ONLY****         red:	
Amt. Paid: CC/Check#	Received By:		
Existing Use of Property: Legal Description (Attach full descriptio			
Applicant Information Name:			
	State:	Zip Code : Work:	
e-mail: Property Owner Information (If other than a			
Name:	Name: Business Name:		
Mailing Address:			
City:	State:	Zip Code :	
Telephone:Cel	I Phone:	Work:	
e-mail:			

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**APPLICATION FEES AND EXPENSES:** We the applicant and undersigned property owner agree to provide to the Township, in cash or certified check, for deposit in an escrow fund, the amount of \$\_\_\_\_\_\_ as partial payment for all fees and estimated future Town administrative, planning, legal and engineering fees incurred in processing this request. If the escrow amount is depleted, I agree to furnish additional monies as requested by the Town within 10 days of such request. I understand that any amounts not utilized from this escrow fund shall be returned to me, without interest, when all financial obligations to the Town have been satisfied. **All fees and expenses are due whether the application is approved or denied.** 

I understand and agree that all Township-incurred professional fees and expenses associated with the processing of this request and enforcing the terms of this agreement including, but not limited to, attorney's fees are my responsibility as the property owner and will be promptly paid by me upon billing by the Township in the event the escrow fund is depleted. I further understand and agree that as the property owner I must make said payment within 10 days of the date of the invoice. Bills not paid within the 10 days of request for payment by the Town shall accrue interest at the rate of 6% per year. Further, if I fail to pay said amounts when due, then the Town may certify such costs against any property owned by me within the Town limits for collection with the real estate taxes and/or take necessary legal action to recover such costs and I agree that the Township shall be entitled to attorney's fees and other costs incurred by the Town as a result of such legal action. I knowingly and voluntarily waive all rights to appeal said certification of such expenses against my property under any applicable Minnesota Statutes.

Applicant:	Date:
Property Owner:	Date:

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials submitted in support of this application are in compliance with adopted Township policy and ordinance requirements and are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established Town review procedures and Minnesota Statues 15.99 at such time as it is determined to be complete. Pursuant to Minnesota Statutes 15.99, the Township will notify the applicant within fifteen (15) days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the Township may be cause for denying this application.

Signature of Applicant:	Date:
Signature of Property Owner:	Date:
Signature of Property Owner:	Date:
Signature of Property Owner:	Date: