



**City of Duluth  
Planning and Construction Services**

411 West First Street • Room 210 • Duluth, Minnesota • 55802-1194  
218-730-5240 • Fax: 218-730-5901 • www.duluthmn.gov/onestop/

An Equal Opportunity Employer

**APPLICATION COVER SHEET**

**Check One Box**

- Appeal to Planning Commission - **\$350**
- Concurrent Use of Streets Permit - **\$700**
- District Plan Adoption or Amendment- **\$1,000**
- Environmental Review- **\$2,500**
- Historic Construction or Demolition Permit - **\$50**
- Historic Resource Designation - **\$75**
- Interim Use Permit **\$650**
- Planning Review - **\$800**
- Sidewalk Use Permit - **\$100**
- Special Use Permit, General - **\$800**
- Special Use Permit, Wireless Telecommunications
  - Application, Modifying or Co-locating - **\$2,500**
  - Application, New Tower – **\$5,000**
  - Escrow Deposit - **\$8,500**
- Subdivision Plat Approval or Amendment:
  - Concept Plan - **\$250**
  - Preliminary Plat - **\$1000**
  - Final Plat - **\$750**
  - Quick Plat/RLS - **\$250**
  - Amendment/Boundary Line Adjustment - **\$250**
- UDC Zoning Map Amendment - **\$800**
- Vacation of Street - **\$700**
- Variance - **\$600**
- Wetland, De Minimus, Delineation, or No Loss- **\$150**
- Wetland, Replacement Plan - **\$400**
- Zoning Verification Letter-**\$85**

**CONTACT INFORMATION:**

Applicant/Owner \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Owner's Agent (if applicable) \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**APPLICATION INFORMATION:**

Street Address and Zoning of Property \_\_\_\_\_  
 Parcel ID Number \_\_\_\_\_

Briefly Describe the Reasons for this Request:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Attach additional pages if necessary. Include all required submittal information)

The undersigned hereby represents upon all of the penalties of law for the purpose of inducing the City of Duluth to take the action herein requested, that all statements herein and attached are true and that all work herein mentioned will be done in accordance with the Ordinances of the City of Duluth and the laws of the State of Minnesota.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Reminder:** include application checklist (if applicable) and all supporting information. Submit completed information to Room 210, One Stop Shop.

**Notice:** documents provided to the City may be public data.