



# Mandatory Referral Intake Questionnaire

## Applicant Information

**APPLICANT NAME**

**APPLICANT PHONE**

**APPLICANT EMAIL**

**APPLICANT ADDRESS**

**APPLICANT CITY**

**APPLICANT STATE**

**ZIP CODE**

**PUBLIC**

**PRIVATE**

## Project Information

**PROJECT NAME**

**PROPERTY OWNERSHIP STATUS**

**PROPERTY ADDRESS**

**ZONING DISTRICT**

**TAX ACCOUNT NUMBER**

**LOT SIZE**

**PROPERTY OWNER NAME**

**PROPERTY OWNER PHONE**

**PROPERTY OWNER EMAIL**

**PROPERTY OWNER ADDRESS**

**PROPERTY OWNER CITY**

**PROPERTY OWNER STATE**

**ZIP CODE**

**IS THE PROPOSED PROJECT PUBLIC OR PRIVATE?**

## Project Description

**PROVIDE A DETAILED PROJECT DESCRIPTION BELOW. PLEASE INCLUDE THE USES AND OPERATIONS TO BE CONDUCTED ON THE PROPERTY, THE NUMBER AND TYPE OF STRUCTURES, AND THE APPROXIMATE HEIGHT AND SQUARE FOOTAGE OF EACH. LONG ANSWERS ACCEPTED.**

### Acknowledgement

By signing this document, the applicant acknowledges they have authority to act on behalf of the public agency or private entity:

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**APPLICANT TITLE**

\_\_\_\_\_  
**DATE**

Email completed intake forms to the M-NCPPC Countywide Planning Division at  
[mandatoryreferralapplications@ppd.mncppc.org](mailto:mandatoryreferralapplications@ppd.mncppc.org) or

### INTERNAL USE ONLY

#### COUNTYWIDE PLANNING DIVISION REVIEW

**COUNTYWIDE PLANNING DIVISION DETERMINATION**

**DATE RECEIVED**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

#### LEGAL DEPARTMENT REVIEW

**LEGAL DEPARTMENT DETERMINATION**

**DATE RECEIVED**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

#### PLANNING DIRECTOR REVIEW

**PLANNING DIRECTOR DETERMINATION**

**DATE RECEIVED**

\_\_\_\_\_  
**PLANNING DIRECTOR SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**