



CITY OF ST. CLOUD CONCURRENCY MANAGEMENT APPLICATION

FOR OFFICIAL USE ONLY

Date Received: _____

Case #: _____

Failure to complete this form in its entirety may result in a delay of processing.

As a condition of Water, Sewer and/or Reclaim Utility service from the City of St. Cloud, the property owner and/or tenant/utility customer acknowledges that compliance with all City codes, rules and other requirements pertaining to these services in effect at the time service is rendered is required. Failure to comply with applicable codes, rules, or requirements for utility service may result in enforcement action ranging from warnings to fines to discontinuation of service.

Applicant: _____

Agent: _____

Contact: _____

Contact: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Legal Owner(s) of Property (List all recorded owners): _____

Location/Address for meter installations: _____

Parcel Identification Number(s) (List all): _____

General property use: Residential Commercial Total number of residential lots: _____

Will there be an amenity center? YES NO

If yes, describe: _____

Is project phased? YES NO **If yes, phasing plan and proposed schedule by phase MUST be attached.**

For which phase is the Certificate of Capacity being requested? _____

Proposed start year (estimate 1st CO): _____ Proposed build out year (estimate last CO): _____

Meter Size: Potable Water = _____ Sanitary Sewer = _____

COMMERCIAL ONLY: Specific use: _____ Building square footage: _____

Number and size meters to be installed (not including irrigation meter): _____

Please process a concurrency test for the property indicated in this application **IMMEDIATELY**.

Please **DEFER** processing of a concurrency test for the property indicated in this application until advised to do so by the undersigned.

I am aware that completion and acceptance of this application does ensure capacity availability and that all fees will be assessed at the rates established by Resolution and in Effect at the time of PAYMENT of the applicable fees.

APPLICANT/AGENT

DATE