



**APPLICATION FOR CONSIDERATION OF NON-BINDING CONCEPT REVIEW**

**Applicant Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**What is the Existing Zoning and Use of the Parcel of Property for this Concept?** *(Please refer to Zoning Map, link can be found at the bottom of the page):*

**Use Requested as Indicated in the City of Columbus Code** *(Please refer to Chapter 7A, Section 7A-760 - 7A-790 of the City Code, link can be found at the bottom of the page):*

**Narrative Statement:**

The following questions will help provide the City Planning Commission with better idea of who you are, what you do, where you'd prefer to operate, and why you chose Columbus. We ask that you are thorough and thoughtful when answering these questions. You can answer by creating a Power Point presentation, Word document, or a similar format.

*\*Additionally, please provide any applicable pictures you may have of current location, services provided, examples of proposed building elevations, and any other materials you believe helps to describe the business and overall proposal.*

1. What does your Business do?
2. What Parcel are you Interested in for the Potential Business Location?
3. What will be the use of the building on the Property?
4. What are you Proposing to do at this Potential Location? (both in the building and outside)
5. What is the Vision for the Sites Appearance, is it Accurately Reflected in the Concept Site Plan?

**Concept Site Plan Submitted:**                      YES                      NO

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In signing this application, I hereby acknowledge that I have read and fully understand the applicable provisions of the zoning and current administrative procedures. I further acknowledge the fee explanation as outlined in the application procedures and hereby agree to pay for all statements received from the City pertaining to additional application expenses.

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

Please submit four (4) paper copies; and one (1) electronic.

**Useful Links**

*City of Columbus City Maps:* [https://www.ci.columbus.mn.us/index.asp?SEC=F786E1D5-E706-4314-8FF7-7CC4B8720633&Type=B\\_BASIC](https://www.ci.columbus.mn.us/index.asp?SEC=F786E1D5-E706-4314-8FF7-7CC4B8720633&Type=B_BASIC)

*City of Columbus City Code:* [https://www.ci.columbus.mn.us/index.asp?SEC=2C89D066-C7D9-43F9-9B3C-D62FCEC9A0E7&Type=B\\_BASIC](https://www.ci.columbus.mn.us/index.asp?SEC=2C89D066-C7D9-43F9-9B3C-D62FCEC9A0E7&Type=B_BASIC)