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| Please provide the following | | | | | tension request. |
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| | information: | | | | |
| Community Name | | | | | |
| Contact Person | | | | | |
| Request Date | | | | | |
| Phone Number | | | | | |
| Email Address | | | | | |
| | | | | | |
| Process Step | | | | | Target Date |
| Completion of draft plan tex | t and mapping | | | | |
| | | | | | |
| Public hearing date | | | | | |
| Date of plan submission to the Metropolitan Council | | | | | |
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| | | | ent | | |
| extension. | dentify the issue(s) belo | ow that are | | | |
| Contract planner delays Issues affecting adjacen Data/mapping/GIS Area development or red process Planning Commission/Commember concerns Population, household, edissues Sewer flow forecast issue MUSA/Growth staging p Public participation process | levelopment plan(s) in ity Council/Board employment forecast es | | De () () () () () () () () () (| velopr Existi Futur Hous Surfa Trans Wast Parks Wate Imple Missi (MRC | ice Water Management sportation ewater s and Trails r Supply ementation ssippi River Corridor Critical Area |
| | Contact Person Request Date Phone Number Email Address PLANNING PROCESS TIMEL identified below. If you have identified below. If you have identified below. If you have initiation of 6-month review/affected special districts, an Public hearing date City Council / Town Board / Council / Town Bo | Contact Person Request Date Phone Number Email Address PLANNING PROCESS TIMELINE: Please provide the identified below. If you have already completed a state of the identified below. If you have already completed a state of the identified below. If you have already completed a state of the identified below. If you have already completed a state of plan text and mapping of initiation of 6-month review/comment period by adjustificated special districts, and school districts of initiation of 6-month review/comment period by adjustificated special districts, and school districts of initiation of 6-month review/comment period by adjustification of 6-month review/comment plan action of its call devises and official controls results of its plantage of plan submission to the Metropolitan Council Completion of fiscal devises and official controls results of its plantage o | Contact Person Request Date Phone Number Email Address PLANNING PROCESS TIMELINE: Please provide the target data identified below. If you have already completed a step, indicated identified below. If you have already completed a step, indicated identified below. If you have already completed a step, indicated identified below. If you have already completed a step, indicated identified below. If you have already completed a step, indicated identified below. If you have already completed a step, indicated identified below. If you have already completed a step, indicated identified below. If you have already completed a step, indicated identified below. If you have already completed a step, indicated identified below. If you have already completed a step, indicated identified below. If you have already completed a step, indicated identified below. If you have already completed a step, indicated identified below. If you have already completed a step, indicated indicated a step, indicated and indicated indicated indicated a step, indicated a step, indicated and indicated a step, indicated a step, indicated and indicated a step, i | Contact Person Request Date Phone Number Email Address PLANNING PROCESS TIMELINE: Please provide the target dates identified below. If you have already completed a step, indicate "completion of draft plan text and mapping linitiation of 6-month review/comment period by adjacent jurisdict affected special districts, and school districts Public hearing date City Council / Town Board / County Board action Date of plan submission to the Metropolitan Council Completion of fiscal devises and official controls review/amendment of the fiscal devises and official controls revi | Contact Person Request Date Phone Number Email Address PLANNING PROCESS TIMELINE: Please provide the target dates for eacidentified below. If you have already completed a step, indicate "completed dentified below. If you have already completed a step, indicate "completed dentified below. If you have already completed a step, indicate "completed dentified below. If you have already completed a step, indicate "completed dentified below. If you have already completed a step, indicate "completed dentified below. If you have already completed a step, indicate "completed dentified |

| 4. | Mark all that apply to your community. Planning Grant recipient Mapping Services requested | | | | |
|----|---|--|--|--|--|
| 5. | ADDITIONAL INFORMATION: Please provide explanation of the planning issues checked on the previous page. Include a realistic appraisal of your community's ability to submit your updated plan for review by indicated deadline, as well as the subsequent review/amendment of fiscal devices and official controls. | | | | |
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Please contact your Sector Representative if you need any assistance.

November 2018



Metropolitan Council 390 Robert Street North Saint Paul, MN 55101

TTY: 651.291.0904 Public Information: 651.602.1500

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