

DEPARTMENT OF COMMUNITY DEVELOPMENT

City of Rapid City
300 Sixth Street, Rapid City, SD 57701-2724
Phone: (605) 394-4120 Fax: (605) 394-6636 Web: www.rcgov.org

LAYOUT PLAN

There is no filing fee for a Layout Plan

Description: This is an optional procedure to determine potential development requirements. The procedure may be utilized by any developer, but may be particularly helpful for less experienced developers that are unfamiliar with the platting processes and improvement requirements.

NOTE: *City policy requires that land adjacent to the City for which platting is requested be annexed into the City limits prior to final plat submittal.*

Materials required of the Applicant:

1. A completed application signed by the property owner(s) or their designee;
2. Vicinity Map;
3. A Site Plan (to scale);
4. Lot configurations with approximate areas designated in square feet, the location of streets within the subdivision boundary and the proposed name of the subdivision.
5. All proposed lots and blocks shall be numbered and all proposed streets shall include a street name;
6. Adjacent development information including property lines, roads and watercourses;
7. A topographic map with contour intervals of not more than five feet;
8. One 8 ½ inch by 11 inch copy of the plan; and,
9. A minimum of four (4) large copies of the plan(s). Additional copies may be required as determined by the director.
- 10.

Procedure:

1. Upon receipt of the required application and supporting information, Department of Community Development staff will route the information to all affected Departments and Agencies.
2. Within fifteen (15) working days, the City shall provide the applicant with review comments. (Please note that a Layout Plan is not approved or denied by the City. The review is intended to provide the applicant with a list of items that must be addressed in order to meet minimum Design Standards.)

Department of Community Development

City of Rapid City

300 Sixth Street, Rapid City, SD 57701-2724

Phone: (605) 394-4120

Fax: (605) 394-6636

Web: www.rcgov.org

APPLICATION FOR DEVELOPMENT REVIEW

REQUEST (please check all that apply)

- Annexation
- Comprehensive Plan Amendment
- Fence Height Exception
- Planned Development (Overlay)
 - Designation
 - Initial Plan Final Plan
 - Major Amendment
 - Minimal Amendment

- Subdivision
 - Layout Plan
 - Preliminary Subdivision Plan
 - Development Engineering Plans
 - Lot Line Adjustment/Consolidation Plat
 - Final Plat
 - Minor Plat
- Rezoning
- Road Name Change

- Conditional Use Permit
 - Major Amendment
 - Minimal Amendment
- Vacation
 - Utility / Drainage Easement
 - R.O.W. / Section Line Highway
 - Access / Non-Access
 - Planting Screen Easement
- OTHER (specify) _____

LEGAL DESCRIPTION (Attach additional sheets as necessary)

EXISTING		
PROPOSED		
LOCATION		
Size of Site—Acres	Square Footage	Proposed Zoning
DESCRIPTION OF REQUEST:		Utilities: Private / Public
		Water
		Sewer

APPLICANT

Name _____ Phone _____
 Address _____ E-mail _____
 City, State, Zip _____

PROJECT PLANNER - AGENT

Name _____ Phone _____
 Address _____ E-mail _____
 City, State, Zip _____

OWNER OF RECORD (If different from applicant)

Name _____ Phone _____
 Address _____ E-mail _____
 City, State, Zip _____

Property Owner Signature	Property Owner Signature
Date	Date
Signature	Signature
Print Name: _____	Print Name: _____
Title*: _____	Title*: _____

*required for Corporations, Partnerships, etc.

FOR STAFF USE ONLY

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">ZONING</th></tr> <tr><td>Current</td></tr> <tr><td>North</td></tr> <tr><td>South</td></tr> <tr><td>East</td></tr> <tr><td>West</td></tr> <tr><td>Planner</td></tr> <tr><td>File No.</td></tr> <tr><td>Comp Plan</td></tr> <tr><td>Received By:</td></tr> </table>	ZONING	Current	North	South	East	West	Planner	File No.	Comp Plan	Received By:	<ul style="list-style-type: none"> <input type="checkbox"/> Public Works/Engineering <input type="checkbox"/> Fire Department <input type="checkbox"/> Transportation Planning <input type="checkbox"/> Building Inspection <input type="checkbox"/> Air Quality <input type="checkbox"/> Police <input type="checkbox"/> City Attorney <input type="checkbox"/> City Code Enforcement <input type="checkbox"/> SD DOT 	<ul style="list-style-type: none"> <input type="checkbox"/> BHP&L <input type="checkbox"/> ESCC <input type="checkbox"/> Register of Deeds <input type="checkbox"/> County - Planning <input type="checkbox"/> County - Fire <input type="checkbox"/> County - Highway <input type="checkbox"/> County - Code Enforcement <input type="checkbox"/> Auditor - Annexation 	<ul style="list-style-type: none"> <input type="checkbox"/> RV Sanitary District <input type="checkbox"/> Green Valley Sanitary District <input type="checkbox"/> Finance <input type="checkbox"/> GIS <input type="checkbox"/> Historic Preservation <input type="checkbox"/> Parks & Recreation <input type="checkbox"/> School District <input type="checkbox"/> Other: _____
ZONING													
Current													
North													
South													
East													
West													
Planner													
File No.													
Comp Plan													
Received By:													

PIN No:

DEPARTMENT OF COMMUNITY DEVELOPMENT

City of Rapid City
 300 Sixth Street, Rapid City, SD 57701-2724
 Phone: (605) 394-4120 Fax: (605) 394-6636 Web: www.rcgov.org

**LAYOUT
 PLAN
 CHECKLIST**

χ	APPLICANT	STAFF	χ
	Completed Application, signed by the property owner(s) or their authorized designee		
	Vicinity Map		
SITE PLANS MUST INCLUDE THE FOLLOWING INFORMATION			
	A site plan (to scale)		
	Lot configurations with approximate areas designated in square feet		
	All proposed lots and blocks shall be numbered and all proposed streets shall include a street name		
	Adjacent development information including property lines, roads and watercourses		
	Location of all streets within the Subdivision Boundary		
	Topography with contour intervals of not more than five feet		
	One 8 ½ inch by 11 inch copy of the plan(s)		
	A minimum of four large copies of the plan(s). Additional copies may be required as determined by the Director.		

APPLICANT SIGNATURE	DATE:	STAFF SIGNATURE	DATE: