

	CONDITIONAL USE PERMIT APPLICATION	Conditional Use Permit: \$325 + \$1,500 Escrow Conditional Use Permit Amendment: \$275 + \$500 Escrow
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Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: ____ - ____ - ____ Fax: ____ - ____ - ____ Cell: ____ - ____ - ____ E-mail: _____

Fee Owner and Consent of Application: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: ____ - ____ - ____ Fax: ____ - ____ - ____ Cell: ____ - ____ - ____ E-mail: _____

Project/Development Name: _____

Address or General Location of the
Property: _____

Legal Description of Property
Involved: _____

Present Use of Property: _____

Proposed Use of Property: _____

Present Zoning: _____ Present Land Use Designation: _____

This application shall be completed in full and shall be accompanied by all information and plans required by applicable City Ordinance provisions. Before filing this application, you should contact the Community Development Department to determine the specific ordinance and procedural requirements applicable to your application.

This is to certify that I am making application for the described action by the City and I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name. I am the party whom the City should contact regarding any matter pertaining to this application. I have attached a copy of proof of ownership (either copy of Owner's

Duplicate Certificate of Title, Abstract of Title or Purchase Agreement), or I am the authorized person to make this application and the fee owner has signed this application.

I will keep myself informed of the deadlines for submission of materials and the progress of this application. I further understand that additional fees may be charged for consulting fees, feasibility studies, etc. An estimate shall be provided prior to any authorization to proceed with the study. The documents and information I have submitted are true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

Fee Owner Signature: _____ Date: _____

Items to Accompany Application

1. Application Form
2. Application Fees
3. Items as specified within the Checklist provided, unless otherwise indicated by City Staff.
4. Proof of Ownership (either copy of Owner's Duplicate Certificate of Title, Abstract of Title or Purchase Agreement) or letter from property owner granting approval.
5. A list of all property owners within 350 feet from the property in question. Such list must be certified by the County GIS Department.
6. Written narrative and graphic materials fully describing and explaining the proposed change, development, or use.
7. A Certificate of Survey and complete legal description of the subject site.
8. Certification of taxes paid on the property.

Acceptance of Application

The application is subject to acceptance by the City upon review of the application and necessary materials being submitted. City engineering approval may be required. Application materials shall meet engineering requirements set forth by the city engineer or as stated within the city code.

—STAFF USE ONLY—

Date Received: _____ Date application deemed complete: _____

Planning Commission Meeting Date: _____ City Council Meeting Date: _____

60-Day Action Agency Date: _____

Community Development Director/Designee

Date

CONDITIONAL USE PERMIT – CHECKLIST

Submittals shall be provided in the electronic PDF form with the following required information, unless specifically indicated otherwise by City Staff. Failure to submit a complete application may delay the review and approval process.

***Please Note: all site plans must be prepared by a certified architect, landscape architect, engineer, or land surveyor that is licensed in the State of Minnesota. A license stamp or registration number, together with a signature shall be provided on the face of the site plan.*

CHECKLIST ITEM	STAFF USE ONLY DATE RECEIVED
Site Plan	
Landscape Plan	
Utility Plan	
Photometric / Lighting Plan	
Grading / Drainage Plan	
Drainage Calculations	
Floor Plans	
Signage – location, dimensions, type, and number	
Wetland Delineation (if present on property)	
County Review Letter (if near County roadways)	
Other Supplemental Information as requested by Staff	
Building Elevations	
Signed Escrow Form	



RECEIPT OF ESCROW

Date of Escrow Deposit: _____ Deposit Amount: \$ _____

Property Address: _____

PAYOR OF ESCROW:	Address:
City: _____ State: _____ Zip: _____	Email: _____
Contact Name: _____	Phone: _____
OWNER OF ESCROW:	Address:
City: _____ State: _____ Zip: _____	Email: _____
Contact Name: _____	Phone: _____
RETURN OF ESCROW:	Address:
City: _____ State: _____ Zip: _____	Email: _____
Contact Name: _____	Phone: _____
COPY ON ANY ESCROW RETURN:	Address:
City: _____ State: _____ Zip: _____	Email: _____
Contact Name: _____	Phone: _____
TYPE(S) OF ESCROW: <input type="checkbox"/> Conditional Use Permit	
SIGNATURE: _____	
PRINTED NAME: _____	DATE: _____

STAFF USE ONLY			
Paid: _____	Date: _____	Receipt No.: _____	By: _____

