

Application Number

Application Date



CITY OF ROSEAU, MINNESOTA
121 Center Street East; Suite 202; P.O. Box 307; Roseau, MN 56751
Phone: (218) 463-1542 FAX: (218) 463-1252

CONDITIONAL USE PERMIT APPLICATION

APPLICATION INFORMATION

Name of Applicant: _____

Applicant Address: _____

Applicant Phone: (Day) _____ (Evening) _____

Contact Person (If other than applicant): _____

Contact Person Phone: (Day) _____ (Evening) _____

PROPERTY INFORMATION

Property Tax ID Number: _____

Property Description (Lot, Block, Subdivision): _____

Property Owner: _____

Property Owner Signature: _____

CONDITIONAL USE REQUEST INFORMATION

Current Zoning Classification (Mark One)

- | | |
|--|---|
| <input type="checkbox"/> F-R (Farm Residential) | <input type="checkbox"/> C-1 (Downtown Commercial) |
| <input type="checkbox"/> R-1 (Single Family) | <input type="checkbox"/> C-2 (Outlying Commercaill) |
| <input type="checkbox"/> R-3 (Multi-Family) | <input type="checkbox"/> P-1 (Public) |
| <input type="checkbox"/> R-4 (Moblie Home Park) | <input type="checkbox"/> P-2 (Public) |
| <input type="checkbox"/> R-5 (High Density Multi-Family) | <input type="checkbox"/> I-M (Industrial/Manufacturing) |

Specify Local Ordinance which applies to Conditional Use Proposal: _____

Provide a brief narrative description of this request: _____

Provide a brief narrative explaining how this conditional use at this particular location requested is necessary or desirable to provide a service which is in the best interest of the public convenience and will contribute to the general welfare of the neighborhood or city: _____

Provide justification for this conditional use, including a discussion of how any potential conflicts with existing nearby land uses will be minimized: _____

Provide a sketch plan outlining the layout and operation of the proposed Conditional Use on the site:

Please attach any additional supporting documents and data which further explains this request. (topographic map, detailed narrative, operation plans, engineering plans, etc.)

For Official Use Only

Public Hearing _____ Approved _____ Denied Date: _____

Conditional Use Permit _____ Approved _____ Denied Date: _____

Conditions specified for Approval of Conditional Use: _____

Authorized Signature: _____ Date: _____