

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

**COMMUNAL HOUSING/SHORT-TERM RENTAL  
CONDITIONAL USE PERMIT APPLICATION**

**APPLICATION INFORMATION**

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact\* (If other than owner): \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

*\*Contact person must be available 24 hours/day & able to respond within 60 minutes to property*

**PROPERTY INFORMATION**

Property Address: \_\_\_\_\_

Property Tax ID Number: \_\_\_\_\_

Property Description (Lot, Block, Subdivision): \_\_\_\_\_

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 Commercial)      |
| <input type="checkbox"/> R-3 (Multi-Family)              | <input type="checkbox"/> P-1 (Public)                   |
| <input type="checkbox"/> R-4 (Mobile Home Park)          | <input type="checkbox"/> P-2 (Public)                   |
| <input type="checkbox"/> R-5 (High Density Multi-Family) | <input type="checkbox"/> I-M (Industrial/Manufacturing) |

Permit Type: \_\_\_\_\_ Communal Housing Apartment \_\_\_\_\_ Short-Term Rental Unit

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: \_\_\_\_\_

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

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Provide a sketch plan outlining the home and yard layout of the site (include information about exits, sleeping quarters, bathrooms, kitchen, off-street parking, accessory buildings, etc.):



For Short-Term Rental Requests, select the means for the automatic collection and remittance Lodging Taxes due under City Ordinance 34.01:

\_\_\_\_\_ Third Party Provider (name of provider) \_\_\_\_\_

\_\_\_\_\_ Flat Annual Fee

For Short-Term Rental Requests in R-1 (single family zoning districts), all adjacent contiguous property owners must consent to the request and provide signatures to this application.

Name & Signature: \_\_\_\_\_

Name & Signature: \_\_\_\_\_

Name & Signature: \_\_\_\_\_

Name & Signature: \_\_\_\_\_

Name & Signature: \_\_\_\_\_

Name & Signature: \_\_\_\_\_

***For Official Use Only***

**Public Hearing**                      \_\_\_\_\_ Approved      \_\_\_\_\_ Denied      Date: \_\_\_\_\_

**Conditional Use Permit**                      \_\_\_\_\_ Approved      \_\_\_\_\_ Denied      Date: \_\_\_\_\_

**Building Inspection**                      \_\_\_\_\_ Completed                      Date: \_\_\_\_\_

**Permit Application Fee:**                      \_\_\_\_\_ Paid                      Date: \_\_\_\_\_

**Annual License Fee:**                      \_\_\_\_\_ Paid                      Date: \_\_\_\_\_

**Building Inspection Fee:**                      \_\_\_\_\_ Paid                      Date: \_\_\_\_\_

**Conditions specified for Approval of Conditional Use:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_