



CONDITIONAL & INTERIM USE PERMITS

8188 199TH AVENUE NW, NOWTHEN, MN 55330
(763) 441-1347

RETURN TO: INFO@NOWTHENMN.NET

<input type="checkbox"/> CONDITIONAL USE PERMIT <input type="checkbox"/> INTERIM USE PERMIT Base Fee: \$200 Escrow: \$Ask City Planner Total Amt. Due: \$ _____ Amt. Paid: _____ CC/Check# _____	<p align="center"><i>***FOR OFFICE USE ONLY *** FOR OFFICE USE ONLY***</i></p> Date Application Received: _____ Date Application Complete: _____ (60-day review period starts from this date) Public Hearing Date: _____ City Council Approval/Denial Date: _____ 60-Day Review Period Ends: _____ 60-Day Extension: __Yes __No Expires On: _____ Received By: _____
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Property Information

Street Address: _____

Property Identification Number (PIN#): _____

Legal Description (Attach full description of Metes & Bounds if necessary):

Type of Business or Use Requested: _____

Zoning Designation: _____

Applicant Information

Name(s): _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code : _____

Cell Phone: _____ Alternate Phone: _____

e-mail: _____

Property Owner Information (If other than applicant):

Name: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code : _____

Cell Phone: _____ Alternate Phone: _____

e-mail: _____

Description of Request (attach additional sheets as necessary)

Existing Use of Property: _____

Description of Proposed Use: _____

Reason(s) to Approve Request: _____

Please describe any previous applications pertaining to the subject site:

Project Name: _____ Date of Application: _____

Nature of Previous Request : _____

Existing Building Sizes:

RESIDENTIAL LOTS: House (main floor/footprint of living area): _____ SF

Garage 1: _____ SF(attached/detached?) Garage 2: _____ SF(attached/detached?)

COMMERCIAL/INDUSTRIAL LOTS: Main Building(s): _____ SF _____ SF

Office Area: _____ SF; Warehouse/Storage: _____ SF; Manufacturing: _____ SF

ALL LOTS:

Accessory Buildings: (type/size) _____ / _____ SF: _____ / _____ SF

_____ / _____ SF: _____ / _____ SF; _____ / _____ SF

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials submitted in support of this application are in compliance with adopted City policy and ordinance requirements and are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes 15.99 at such time as it is determined to be complete. Pursuant to Minnesota Statutes 15.99, the City will notify the applicant within fifteen (15) days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Signature of Property Owner: _____ Date: _____