SAINT PAUL

CONDITIONAL USE PERMIT APPLICATION

Department of Planning and Economic Development Zoning Section 1400 City Hall Annex 25 West Fourth Street Saint Paul, MN 55102-1634 (651) 266-6589

Zoning office use only
File #
Fee:
Tentative Hearing Date:

APPLICANT	Name	
	Address	
	CityStStpDaytime Phone	
	Name of Owner (if different)	
	Contact Person (if different)Phone	
PROPERTY LOCATION	Address / Location	
	Legal Description	
	Current Zoning	
	(attach additional sheet if necessary)	
TYPE OF PERMIT: Application is hereby made for a Conditional Use Permit under provisions of		
TIPE OF PERMIT		
	Chapter, Section, Paragraph of the Zoning Code.	
SUPPORTING INFORMATION: Explain how the use will meet all of the applicable standards and conditions. If you are requesting modification of any special conditions or standards for a conditional use, explain why the modification is needed and how it meets the requirements for modification of special conditions in Section 61.502 of the Zoning Code. Attach additional sheets if necessary.		
☐ Required site plan is attached		

Applicant's Signature_____ Date____ City Agent____