



**NONCONFORMING 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 \_\_\_\_\_  
 City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Daytime 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 Nonconforming Use Permit under provisions of Chapter 62, Section 109 of the Zoning Code:

- The permit is for:  Establishment of legal nonconforming use status for use in existence at least 10 years (para. a)  
 Change of nonconforming use (para. c)  
 Expansion or relocation of nonconforming use (para. d)  
 Reestablishment of a nonconforming use vacant for more than one year (para. e)

**SUPPORTING INFORMATION:** Supply the information that is applicable to your type of permit.

Present/Past Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_

Attach additional sheets if necessary

Attachments as required  Site Plan  Consent Petition  Affidavit

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **City Agent** \_\_\_\_\_