



**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 \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 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 Conditional Use Permit under provisions of  
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** \_\_\_\_\_