# 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) 266-6583*

Zoning Office Use Only

File # _____

Fee Paid $ _____

Received By / Date _____

Tentative Hearing Date _____

**APPLICANT**

Name _____
*(must have ownership or leasehold interest in the property, contingent included)*

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Name of Owner (if different) _____ Email _____

Contact Person (if different) _____ Email _____

Address _____ City _____ State _____ Zip _____

**PROPERTY INFO**

Address/Location _____

PIN(s) & Legal Description _____
*(attach additional sheet if necessary)*

_____ Lot Area _____ Current Zoning _____

**TYPE OF PERMIT:** Application is hereby made for a Conditional Use Permit under provisions of Zoning Code Section(s) _____ for the following use or purpose:

_____

_____

**SUPPORTING INFORMATION:** Explain how the use will meet all of the applicable standards and conditions for the use. If you are requesting modification of any standards or conditions for a conditional use, explain why the modification is needed and how it meets the requirements for modification of special conditions in Zoning Code § 61.502.
Attach additional sheets if necessary.

☐ Required site plan is attached

☐ If you are a religious institution you may have certain rights under RLUIPA. Please check this box if you identify as a religious institution.

**Applicant's Signature** _____ **Date** _____