



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) 266-6583

Zoning Office Use Only	
File #	_____
Fee Paid \$	_____
Received By / Date	_____
Tentative Hearing Date	_____

APPLICANT

Name	_____		
	<i>(must have ownership or leasehold interest in the property, contingent included)</i>		
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	_____		
	<i>(attach additional sheet if necessary)</i>		
	Lot Area	_____	Current Zoning
		_____	_____

TYPE OF PERMIT:	Application is hereby made for a Nonconforming Use Permit under provisions of Zoning Code § 62.109.
The permit is for:	<input type="checkbox"/> Establishment of legal nonconforming use status for use in existence at least 10 years (para. a)
	<input type="checkbox"/> Change of nonconforming use (para. c)
	<input type="checkbox"/> Expansion or relocation of nonconforming use (para. d)
	<input type="checkbox"/> Reestablishment of a nonconforming use vacant for more than one year (para. e)

Present / Past Use	_____
Proposed Use	_____
SUPPORTING INFORMATION:	Demonstrate that each of the requirements in Zoning Code § 62.109 for the type of nonconforming use permit being requested is met. Attach additional sheets if necessary.
Attachments as required:	<input type="checkbox"/> Site Plan <input type="checkbox"/> Consent Petition <input type="checkbox"/> Affidavit
<input type="checkbox"/>	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 _____