

APPLICATION FOR CONDITIONAL USE PERMIT

CITY OF ARLINGTON

204 Shamrock Drive

Arlington, MN 55320

PHONE: 507-964-2378

FAX: 507-964-5973

Fee \$	_____
Paid	_____
Receipt #	_____
Date	_____

I/We, the undersigned, as owners of the property described hereby appeal to the City Council and Planning Commission of Arlington, to grant a Conditional Use Permit. Applicants have the responsibility of checking all applicable ordinances and complying with all ordinance requirements.

NAME: _____

PHONE: _____

ADDRESS: _____

1. Legal description of land affected by the application: _____

2. Present zoning of above described property: _____

3. Purpose of Conditional Use Permit: _____

4. Is the proposed use compatible with land use(s) of the area? Please Explain.

5. Will the proposed use depreciate the area in which it is proposed? Please Explain.

6. Can the proposed use be accommodated by existing City services (utility/facility capacity)? Please Explain.

7. Are local streets capable of handling traffic which is generated by the proposed use? Please Explain.

8. Attach a written statement describing in detail the proposed use.

9. Attach additional information required by City.

By signing this application form, I agree that all fees and expenses incurred by the City for the processing of this application, including costs for professional services, are the responsibility of the applicant and property owner to be paid immediately upon receipt or the City may approve a special assessment for which the property owner specifically agrees to be assessed for 100 percent per annum and waives any and all appeals under Minnesota Statutes Section 429.081 as amended. All fees and expenses are due whether the application is approved or denied.

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials in support of this application are in compliance with adopted City policy and ordinance requirements are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes Section 15.99 as amended, at such time as it is determined to be complete. Pursuant to Minnesota Statutes Section 15.99, the City will notify the applicant within fifteen (15) business days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.

Applicant Signature _____

Date _____

Owner Signature _____

Date _____

FOR OFFICE USE ONLY: ROUTE TO ZONING OFFICIAL			
Date Submitted _____	Date Complete _____	Date of Public Hearing _____	Publication Date _____
Planning Commission Recommendation (Circle One):	Approval	Denial	Date of Action _____
Date Applicant/Property Owner notified of Planning Commission Recommendation:			_____
City Council Action (Circle One):	Approval	Denial	Date of Action _____
Date Applicant/Property Owner notified of City Council Action:			_____
Filed with County Recorder: _____			