



Conditional Use Permit

204 SHAMROCK DRIVE ARLINGTON, MN 55307 Phone: 507-964-2378

The purpose of a Conditional Use Permit is to provide the City of Arlington with a reasonable degree of discretion in determining the suitability of certain designated uses upon the general welfare and public safety.

Application Date: _____

Fee: \$275.00 + recording fee

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.

APPLICANT: _____

Address: _____

Phone #: _____

Other #: _____

CONDITIONAL USE REQUESTED: _____

PRESENT ZONING OF DESCRIBED PROPERTY: _____

REASON FOR THE REQUEST: _____

LEGAL DESCRIPTION: _____

REQUIRED SUBMISSION MATERIALS:

1. Site Plan of the Area

2. Fee

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:** _____

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| FOR OFFICE USE ONLY: ROUTE TO ZONING OFFICIAL |
| Submitted to Zoning Board: _____ |
| Public Hearing Date: _____ |
| Recommendation of Zoning Board: _____ |
| Presented to Council: _____ |
| Council Approval/Denial: _____ |
| Reason for Denial – if denied. |
| _____ |
| _____ |