

# APPLICATION FOR CONDITIONAL USE PERMIT

CITY OF CANBY  
110 OSCAR AVENUE NORTH  
CANBY, MN 56220

PHONE: 507-223-7295

FAX: 507-223-5170

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address for Conditional Use Permit: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zoning District: \_\_\_\_\_

Reason for the Conditional Use Permit:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Description of Proposed Project showing contours, soil types, ordinary high water level, ground water conditions, bedrock, slope, and vegetative cover

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are not the property owner, the property owner must concur in this request for a Conditional Use Permit and must give his/her written consent.

## FOR OFFICE USE ONLY

Planning & Zoning Approved: \_\_\_\_\_ Denied \_\_\_\_\_

Findings of Facts for Approval or Denial \_\_\_\_\_

Date of Publication \_\_\_\_\_

Date of Public Hearing \_\_\_\_\_

Notices Sent \_\_\_\_\_

Date of Council Meeting \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Fee \$ \_\_\_\_\_  
Paid \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Signature of Zoning Administrator \_\_\_\_\_