

**APPLICATION FOR PLANNING CONSIDERATION
HOME OCCUPATION PERMIT**

CITY OF BELLE PLAINE
218 North Meridian Street, P.O. Box 129, Belle Plaine, MN 56011
952-873-5553 Fax 952-873-5509

Fee
Permitted Use \$50.00
CUP/Special \$200.00
Paid _____
Receipt _____
Date _____

- PERMITTED HOME OCCUPATION PERMIT
- SPECIAL HOME OCCUPATION PERMIT (Conditional Use Permit Process)

Name of Applicant: _____

Address of Applicant: _____

City, State, Zip _____

Phone _____ cell _____ Fax _____

Email address _____

Property at: _____ Property Owner _____

PID _____ Lot _____ Block _____ Addition _____ Current Zoning _____

I/We, the undersigned, hereby make the following application to the City Council and Planning and Zoning Commission of the City of Belle Plaine, Scott County, Minnesota. *(Applicants have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements.)*

1. Application is hereby made for a Home Occupation Permit to conduct the following:

2. Legal description of the land to be affected by application, including acreage or square footage of land involved, and street address, if any: (attach additional sheet if necessary). _____

3. List details of any of the following issues associated with the Home Occupation:

Hours of operation _____

Lighting, Glare, Noise, Odor _____

Equipment _____

Disturbances _____

On and Off Street Parking _____

Employees _____

Repair/Manufacturing _____

Sales of products _____

Other _____

Applicant Signature _____ Date _____

Owner Signature _____ Date _____

Zoning Adm _____ Approved _____ Denied _____ Date _____

Planning Commission _____ Approved _____ Denied _____ City Council _____ Approved _____ Denied _____

~~~~~