Annex	**CUP**	Home Occ.	Interim Use	Move Building	Non – Conform	Plan Consid.	PUD	Variance
Driveway	Land Excavation		Land Fill	Rental		ROW		Sign

City of Belle Plaine
218 N. Meridian Street
P.O. Box 129
Belle Plaine, MN 56011

Community Development Department
Phone: 952-873-5553
Fax: 952-873-5509
www.belleplainemn.com

Fee: $300.00

CONDITIONAL USE PERMIT APPLICATION

PROPERTY	Address:			Belle Plaine, MN	P.I.N:

Lot Number:	Block Number:	Subdivision:

Zoning:

APPLICANT	□ **Owner**	Name:	Phone:

Address:	Cell:

E-mail:	Fax:

OWNER	Name:	Phone:

Address:	Cell:

E-mail:	Fax:

Conditional Use Permit is requested to:_____

_____

_____

SUBMISSION OF APPLICATION MUST INCLUDE:

  □ Attached site plan (to scale) depicting present and proposed improvements

I certify that I am the applicant named herein; that I have familiarized myself with the rules and regulations with respect to preparing and filing this application that the foregoing statements and answers herein contained and the information on the attached maps or site plans and any other documents submitted herewith are in all respects true and accurate to the best of my knowledge and behalf.

APPLICANT SIGNATURE:_____ **DATE:**_____

OFFICE USE ONLY

Zoning:	**Application Fee:** $	**Form of Payment:**
□ **Site Plan**	**Other Fee:** $	**Date:**
	Total: $	**Transaction Number:**
		Collected By:

Reviewed by Community Development Director	□ **Application Complete**			**Date:**
Reviewed by Planning Commission	□ **Tabled**	□ **Approved**	□ **Denied**	**Date:**
Reviewed by City Council	□ **Tabled**	□ **Approved**	□ **Denied**	**Date:**