



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

Permit Number:

PROPERTY	Address:	Belle Plaine, MN	P.I.N:
Lot #:	Block #:	Subdivision:	
Zoning District:			

APPLICANT	<input type="checkbox"/> Owner	Name:	Phone:
Mailing Address:			Cell:
E-mail:			Fax:

OWNER	Name:	Phone:
Mailing 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:
<input type="checkbox"/> Site Plan Attached	Other Fee: \$	Date:
	Total: \$	Transaction Number:
		Collected By:

Reviewed by Community Development Director	<input type="checkbox"/> Application Complete	Date:
Reviewed by Planning Commission	<input type="checkbox"/> Tabled <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Reviewed by City Council	<input type="checkbox"/> Tabled <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: