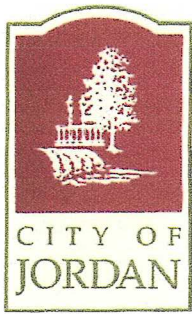


APPLICATION FOR INTERIM USE PERMIT



**CITY OF JORDAN
210 EAST FIRST STREET
JORDAN, MN 55352
952-492-2535**

APPLICANT

NAME: _____ **WORK PHONE:** _____

HOME PHONE: _____ **ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

OWNER

NAME: _____ **WORK PHONE:** _____

HOME PHONE: _____ **ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

I/We, the undersigned, hereby make the following application to the City Council and Planning Commission of the City of Jordan, 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 an Interim Use Permit to conduct the following: _____

6. Legal description of 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. Street Location of Property (address): _____

4. Present zoning of the above described property is: _____

5. Title Information: Abstract _____ Torrens _____

6. Present zoning of the above described property is: _____

6. Is the proposed use compatible with present and future land uses of the area? Please explain: _____

7. Will the proposed use depreciate the area in which it is proposed? Please explain: _____

8. Can the proposed use be accommodated with existing City service without overburdening the system? Explain:

9. Are local streets capable of handling traffic which is generated by the proposed use? Please explain: _____

10. I propose to have the interim use permit terminate upon the following date or action: _____

Attached to this application and made a part thereof are other material submission data requirements, as indicated.

PROPOSED MEETING DATES:

Planning Commission _____

City Council _____

I certify that all information submitted is true and correct and I fully understand that all information and a complete application must be submitted at least 25 days prior to a planning commission meeting to ensure review by the Planning Commission on that date.

*Applications will not be accepted without a parcel identification number.

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

DATE SUBMITTED: _____ DATE COMPLETE: _____ IF INCOMPLETE, DATE LETTER SENT TO APPLICANT: _____

DATE OF PUBLIC HEARING _____ PUBLICATION DATE: _____

DATE LETTERS SENT TO ADJOINING PROPERTIES: _____

FEE PAID: _____ DATE FEE PAID: _____ FILE # _____

PLANNING COMMISSION ACTION: _____ RECOMMEND APPROVAL _____ RECOMMEND DENIAL _____

DATE OF ACTION: _____

DATE APPLICANT/PROPERTY OWNER NOTIFIED OF PLANNING COMMISSION ACTION: _____

CITY COUNCIL ACTION: _____ APPROVED _____ DENIED _____

DATE OF ACTION: _____

DATE APPLICANT/PROPERTY OWNER NOTIFIED OF CITY COUNCIL ACTION: _____

DATE FILED WITH SCOTT COUNTY RECORDER'S OFFICE: _____