



APPLICATION FOR CONDITIONAL USE PERMIT

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

Site Information

Site Address: _____

Legal Description: _____

Applicant / Contractor Information

Name: _____ Phone: _____

Address: _____ Email: _____

Owner Information ([] Check if same as above)

Name: _____ Phone: _____

Address: _____ Email: _____

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 Conditional Use Permit to conduct the following:

2. 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. Present zoning of the property is: _____

4. Title Information: Abstract _____ Torrens _____

5. What impact will the granting of the Conditional Use Permit have on:

a. Existing parks and schools:

b. Existing streets and other public facilities: _____

c. Existing public utilities which serve or are proposed to serve the area: _____

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

If no, what screening is proposed and what are the setbacks from the adjacent land uses?

8. Will the proposed use or appearance of the proposed use have an adverse affect on adjacent properties? Please explain:

9. Is the use related to the overall needs of the City and to the existing land uses? Explain:

10. Is the use consistent with the zoning district provisions and other sections of the Zoning Ordinance? Please explain:

11. Is the proposed use consistent with the Comprehensive Plan? Please explain.

12. Will nearby existing businesses be adversely affected because of curtailment of customer trade brought about by noise, glare or general unsightliness? Please explain.

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

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 28 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:** _____

PROPOSED MEETING DATES:

Planning Commission _____ City Council _____

FOR OFFICE USE ONLY

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

DATE OF PUBLIC HEARING _____ PUBLICATION DATE: _____

DATE NOTICE SENT TO ADJOINING PROPERTIES: _____

AMOUNT OF 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: _____