



Application Received: _____

Fee Received: _____

Staff Initials: _____

CONDITIONAL USE PERMIT APPLICATION

APPLICANT INFORMATION

Name(s): _____

Mailing Address: _____

Telephone: _____

E-mail Address: _____

PROPERTY OWNER INFORMATION (if different from above)

Name(s): _____

Mailing Address: _____

Telephone: _____

E-mail Address: _____

PROPERTY INFORMATION

Reason for Request: _____

Property Address(es): _____

Parcel Number(s): _____

Legal Description (attach if lengthy): _____

NARRATIVE INFORMATION

Provide written explanation on how the proposed conditional use will comply with each of the following:

1. Will the proposed conditional use create an excessive burden on public facilities and utilities, which serve or are proposed to serve the area? Explain.

2. Will each structure or improvement be designed and constructed so that it is not unsightly in appearance to the extent that it will hinder the orderly and harmonious development of the district wherein proposed? Explain.

3. Will the use be consistent with the purposes of Chapter 62, and the purposes of the zoning district in which the applicant intends to locate the proposed use? Explain.

**If you are unable to provide a PDF Digital ID, please print application to provide original signature(s).

Applicant Signature(s) _____ Print Name _____ Date _____

Property Owner Signature _____ Print Name _____ Date _____

Property Owner Signature _____ Print Name _____ Date _____

APPLICATION SUBMISSION REQUIREMENTS:

The following must accompany this application:

_____ Proof of Title to the property and written authorization from owner(s) if applicant is not the owner.

_____ Application fee of \$15 + County Recorder fee of \$46 = **total of \$61 is payable to the City of Halstad.** The City of Halstad will record the CUP with the Norman County Recorder’s office.

SUBMIT APPLICATION AND SUBMISSION REQUIREMENTS TO:

City of Halstad, 405 2nd Avenue West, Halstad, MN 56548

APPLICATION DEADLINE:

A completed application with all submission requirements must be received at least 10 days prior to the monthly scheduled Halstad City Council meeting.