Phone: 651.426.3383 Fax: 651.429.1998 Email: clerk@cityofgrant.com

CONDITIONAL USE PERMIT

Application Date:	
Fee: \$500	Escrow: \$3,000

Certain uses, while generally not suitable in a particular Zoning District, may, under certain circumstances be acceptable. When such circumstances exist, a Conditional Use Permit may be granted. Conditions may be applied to the issuance of the Permit and/or periodic review may be required. The Permit shall be granted for a particular use and not for a particular person or firm.

PARCEL IDENTIFICATION NO (PIN):	LOT SIZE:	
PROJECT ADDRESS:	OWNER: Name:	APPLICANT (If different from Owner): Name:
	Address:	Address:
	City, State, Zip:	City, State, Zip:
	Phone:	Phone:
	Email:	Email:
BRIEF DESCRIPTION OF REQUEST:		
APPLICABLE ZONING CODE SECTION(S):		
Please review the referenced code sections for a deta	iled description of required submittal doc	cuments, and subsequent process.
- Division 5. Conditional Use Permits 32-141 throu	igh 157, others	

Required Signatures

*** Note: All parties with a fee interest in the real estate must sign this application before the City will review for completion! ***

Applicant	(If different from Applicant)
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Signature:	Signature:
Date:	Date:

Checklist:

Please review the attached checklist. Minnesota State Statute 15.99 provides the City of Grant 15 business days to determine the application's completeness. Completeness depends on whether or not the applicable checklist items are fulfilled and submitted with your application.

Review Deadline and Timeline:

All applications must be received by the deadlines as posted on the City's website. Failure to submit by the date shown may result in a delay in the scheduling of the application for public hearing. Meeting the deadline does not guarantee that an application will be heard at the next meeting. To improve likelihood of appearing on an agenda, it is recommended that applications be submitted earlier than the deadline.

According to Minnesota State Statue 15.99 a Conditional Use Permit has a Statutory review period of 60 days, with the City's ability (which includes city staff and consultants) to extend the review for an additional 60 days if necessary due to insufficient information, directive to provide additional information, the tabling or postponement of an application, lack of quorum, or schedules.

Application for Planning Consideration Fee Statement:

(Please read carefully and understand your responsibilities associated with this land use application)

The City of Grant has set forth a fee schedule by City Ordinance as posted on the City's website. The City of Grant often utilizes consulting firms to assist in the review of projects. The consultant and city rates are available upon request. By signing this form, the Applicant accepts sole responsibility for any and all fees associated with the land use application from the plan review stage; the construction monitoring stage; and all the way to the release of any financial guarantees for an approved project. In the event the Applicant fails to make payment of all fees associated with the project, the City of Grant will assess any unpaid or delinquent fees related to this application or project against the subject property. If a project is denied by the City Council or withdrawn by the Applicant, the fees associated for the project until such denial or withdrawal, remain the Applicant's responsibility.

I/WE UNDERSTAND THE FEE STATEMENT AND RESPONSIBILITIES ASSOCIATED WITH THIS LAND USE APPLICATION:

Applicant	Fee Title Property Owner (If different from Applicant)			
Signature	Signature			
Printed Name	Printed Name			
Date	Date			

Conditional Use Permit Checklist:

The following materials must be submitted with your application in order to be considered complete. If you have any questions or concerns regarding the necessary materials please contact the City.

COPIES:	One (1)	Electronic copy	7 of full sub1	mission; Two	(2) 11x17	⁷ half-scale so	calable hard	copy plan sets.

□ Sit	te <i>Plan:</i> All plans must be to-scale, scalable, and include a north arrow.
•	Property dimensions
•	Area in acres and square feet
•	Identified setbacks (Front, Side, Rear)
•	Identify Buildable area (if applicable)
•	Location of existing and proposed buildings (including square footage, foot print, and dimensions to lot lines)
•	Location of existing utilities, drainfield locations
•	Location of current and proposed curb cuts, driveways and access roads
•	Existing and proposed parking (if applicable)
•	Off-street loading areas (if applicable)
•	Existing and proposed sidewalks and trails (if applicable)
•	Sanitary sewer and water utility plans (if expansion is needed)
□ <u>E</u> x	isting Conditions:
•	Aerial of site and adjacent properties
•	Location of all wetlands (NWI, or similar)
•	Topographic contours at 2-foot intervals
•	Water bodies, Ordinary High Water Level, 100-year flood elevation
□ <u>Gr</u> • •	Fading Plan (if applicable): All plans must be to-scale, scalable, and include a north arrow. Grading Plan Finished grading and drainage plan sufficient to drain and dispose of all surface water accumulated Stormwater Plan and Calculations (if applicable)
□ <u>La</u> •	andscape Plan (if applicable): All plans must be to-scale, scalable, and include a north arrow. Landscape plan identifying species and size of trees and shrubs Screening plan
\Box Ar	chitectural/Building Plan (if applicable): All plans must be to scale, scalable, and include a north arrow.
•	Location of existing and proposed buildings and their size including dimensions and total square footage
•	Proposed floor plans (if applicable)
•	Proposed elevations (if applicable)
•	Description of building use for proposed CUP
	fritten Narrative Describing your request: A written description of your request for the Conditional Use will be required be submitted as a part of your application. The description must include the following: Description of operation or use Number of employees (if applicable, if not state why)

Hours of operations, including days and times (if applicable)

Sewer and water flow/user rates (if applicable, if not state why)

Describe how you believe the requested conditional use fits the City's Comprehensive Plan

Any soil limitations for the intended use, and plan indicating conservation/BMP's

Conditional Use Permit Checklist:

 Statement acknowledging that you have contacted the other governmental agencies such as watershed districts, Water County departments, state agencies, or others that may have authority over your property for approvals and necessary 					
☐ Paid Application Fee: \$500					
	Paid Escrow*: \$3,000	*Any remaining funds, after expenses, are returned to the Applicant. Expenses incurred over \$3,000 will be billed to the Applicant.			
M	aterials that may be required	upon request:			
		official survey, by a licensed surveyor, may be requested with the application. The survey shall be e, or Half Scale (11"x17") as requested by the Zoning Administrator.			
	Full scale plans at a scale not	smaller than 1"=100'			
	Sanitary and stormwater p Conditional Use Permit.	lans. Sanitary and/or stormwater plans may be requested depending on the proposal of the			
		ne proposed project is near a potential wetland boundary or setback, delineation may be d approve, or deny, the Conditional Use Permit.			