

CITY OF BOVEY

CONDITIONAL USE PERMIT APPLICATION

Date Approved _____

PROPERTY OWNER

PROPERTY OWNER

Name: _____

Name: _____

Mailing Address: _____

Mailing Address: _____

Telephone #: _____

Telephone #: _____

PROPERTY LOCATION AND DESCRIPTION

Part of _____ 1/4 _____ 1/4 of Section _____, Town of _____

Lot # _____, Blk # _____, Subdivision Name _____

Property Address _____ Parcel Size _____

Parcel Number _____ Zoning District _____

Sanitary Permit # _____ or County Approval of System Evaluation _____

(Note: required **prior** to issuance of the Conditional Use Permit for addition or dwelling)

PROJECT _____ Size of Project _____

Type of Construction (if any) _____ Cost (est.) _____

Builder _____ Address _____

ATTACH A DETAILED SITE PLAN SHOWING THE PROPOSED PROJECT, ITS DIMENSIONS AND AREA INVOLVED (include any existing structures).

APPLICANT OR DESIGNATED AGENT MUST APPEAR AT THE PUBLIC HEARING. You must allow free and unlimited access to your project site during normal working

hours to any Zoning Officials who are investigating the projects construction, operation, or maintenance.

More information may be requested by the Bovey City Zoning Committee if deemed necessary to properly evaluate your request. The lack of information requested may in itself be sufficient cause to deny an application. If you have any questions regarding the procedure, please contact the City Clerk, 402 2nd St, City Hall, Bovey, Minnesota 55709 at (218) 245-1633.

Dated this _____ Day of _____, 20_____.

Respectfully submitted, _____