

Zoning Administrator
Lac qui Parle County
600 6th Street, Suite #7
Madison, Minnesota 56256
320-598-3132

CONDITIONAL USE PERMIT APPLICATION

FEE: \$500.00

Owner/Applicant: _____ **Phone:** _____

Address: _____

Legal Description of Property: _____

Section: _____ **Township:** _____ **Range:** _____ **Township Name:** _____

Action Requested: (Check appropriate items)

<input type="checkbox"/> Rezoning	<input checked="" type="checkbox"/> Conditional Use	<input type="checkbox"/> Variance
<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Final Plat	<input type="checkbox"/> Other

Description of Request : _____

Signature of Applicant: _____ **Date:** _____

SKETCH OF PROPOSED REQUEST WILL BE PRESENTED AT HEARING

List: Property Owners within 500 feet or Ten Properties nearest to the affected property, whichever would provide notice to the greatest number of owners:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

SKETCH IN YOUR PROPOSED REQUEST
(see attached aerial photo)

DATE OF PUBLIC HEARING: _____

PLANNING COMMISSION ACTION: Approved _____ Denied _____ by the Planning Commission
on _____ (date) subject to the following conditions: _____

COUNTY BOARD ACTION: Approved _____ Denied _____ by the Board on _____ (date)
subject to the following conditions: _____
