

Application for Conditional Use

City of Owatonna, Minnesota
Planning and Zoning Department
540 West Hills Circle
(507) 444-4340

Address of Property: _____

Legal Description: _____

Owner: Name: _____

Address: _____

Zip Code: _____ Phone: _____

Applicant: Name: _____

Address: _____

Zip Code: _____ Phone: _____

Present Zoning: _____

Application is hereby made for a Conditional Use on the above described property in accordance with the conditions as set forth in Zoning Ordinance No. 827 as follows in application:

Applicant's Signature

Date

Conditional Use Fee - \$200.00 Receipt No. _____

Date Received by Zoning Administrator: _____

Date on Planning Commission Agenda: _____

The action requested in the foregoing petition was: Approved Disapproved Postponed to: _____

Subject to the following conditions: _____

Date on City Council Agenda: _____

The action requested in the foregoing petition was: Approved Disapproved Postponed to: _____

Subject to the following conditions/amendments(s): _____

ATTEST: _____

City Representative