ROSEMOUNT
COMMUNITY DEVELOPMENT

Rosemount City Hall
2875 145TH Street West
Rosemount, MN 55068
651-423-4411
651-423-4424 *(FAX)*

revised 01.10.2005

CONDITIONAL USE PERMIT APPLICATION

Name of Applicant (to be used on legal documents) _____ *Telephone No.* _____

Address of Applicant _____ *Fax No.* _____

Email Address of Applicant _____

Name of Consultant _____ *Telephone No.* _____

Address of Consultant _____ *Fax No.* _____

Name of Property Owner _____

Address of Property Owner _____ *Telephone No.* _____

Current Zoning _____ *Proposed Zoning (if applicable)* _____

Present Use _____ *Proposed Use (if applicable)* _____

$1,000.00 Fee Paid? ☐ Yes ☐ No

Location Map of Property(ies) Involved Attached: ☐ Yes ☐ No

Current Description(s) and Survey Attached? ☐ Yes ☐ No

Revised Description(s) and Survey Attached? ☐ Yes ☐ No

Project Description:

Conditions or Requirements:

Is the property recorded under the Torrens system? ☐ Yes ☐ No

(If yes, a copy of the property owner's Duplicate Certificate of Title must be included with this application.)

This application must be accompanied by a list of names and addresses of property owners within a 350 foot radius of the subject property or, if application pertains to property located in Agricultural (AG), Agricultural Preserve (AP), or Rural Residential (RR) District, the application must be accompanied by a list of names and addresses of property owners within a quarter (1/4) mile. Also to be included are two sets of address labels of the property owners. These must accompany the application at the time of submittal.

NOTE: APPLICATIONS ARE NOT COMPLETE UNTIL ALL REQUIRED SUBMISSIONS HAVE BEEN RECEIVED.

ACKNOWLEDGMENT AND SIGNATURE:

THE UNDERSIGNED APPLICANT HEREBY REPRESENTS UPON ALL OF THE PENALTIES OF THE LAW, THE PURPOSE OF INDUCING THE CITY OF ROSEMOUNT TO TAKE ACTION HEREIN REQUESTED, THAT ALL STATEMENTS HEREIN ARE TRUE AND THAT ALL WORK HEREIN MENTIONED WILL BE DONE IN ACCORDANCE WITH THE ORDINANCE OF THE CITY OF ROSEMOUNT, AND THE LAWS OF THE STATE OF MINNESOTA, AND THAT THE UNDERSIGNED APPLICANT WILL PAY ALL FEES AND CHARGES INCURRED BY THE CITY FOR THE EXAMINATION AND REVIEW OF THIS PETITION.

☐ **BY CHECKING THIS BOX, I HEREBY AGREE TO ALL STATEMENTS HEREIN AND SUBMIT MY SIGNATURE ELECTRONICALLY TO THIS FORM.**

Signature of Applicant	Signature of Property Owner
Printed Name of Applicant	Printed Name of Property Owner
Date	Date