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Conditional Use Permit AMENDMENT (reference Section 535.01)

Applicant _____

Address _____

Owner (if different from Applicant) _____

Owners Address _____

Day Phone # _____ Cell Phone # _____ E-mail address _____

Applicant's Authority (if other than Owner) _____

Legal Description of Property _____

Present Zoning Classification _____ Existing Use of Property _____

Area of Property _____ Section of Ordinance(s): _____

Please describe the requested amendment to the approved conditional use permit in appropriate detail (attach additional sheets if necessary): _____

An application for an amendment to a conditional use permit will not be accepted until the applicant has provided the information required by the applicable sections of the zoning code (see above reference). The minimum information is summarized below:

1. Detailed written and graphic material fully explaining the request.
2. Certificate of Survey of property (3 copies) showing the following:
 - A. Site plan showing the location and dimensions of the existing and proposed structure(s) or changes along with setbacks on the lot.
 - B. Location and use of adjacent structures.
3. Existing scaled floor plans, scaled elevations, and any proposed changes.
4. Application Fee
5. Floodplain Information, if applicable (see back page).

Applications must be received a minimum of 2 weeks prior to the City Council meeting at which request is to be heard.

Application Deadline: _____ Application Fee \$100.00 *, ** Receipt # _____

*City Council Date(s) _____ & _____ (*Tentative)

The undersigned acknowledges/declares that all the facts and representations stated in this application are true and by signing, acknowledges the cost and the procedure for the processing of this application and certifies that the property described by the provided address is not tax delinquent. Furthermore, undersigned grants City staff entry upon the land in question to perform any necessary site inspections during the duration of the project. **Applicant should be represented at the City Council meeting.**

Signature of Applicant (and Owner if other than applicant) _____ Date _____

***Applicant may be liable for additional expenses such as legal fees.**

****Applicant may be billed for additional staff time.**

Floodplain Information:
(reference section 530)

Contours (1' intervals)
Lowest floor elevation
100 year flood elevation
Ordinary High Water Mark
House elevation showing deck