

CONDITIONAL USE PERMIT APPLICATION

TOWN OF COMFORT ~ P.O. Box 374, Mora, MN 55051

KANABEC COUNTY, MINNESOTA

Fee: \$600

Note: Completion of this form and remittance of fee are required before the Planning Commission and public hearing can be convened. Applicant is responsible for all costs incurred in the processing of this application, including any additional staff time, consulting fees, and/or materials required.

Name of Property Owner: _____

Mailing address: _____

Phone: _____

Physical site address: _____ Section: _____

Legal description: _____

I, _____ (applicant), understand that the Planning Commission is required to hold an open hearing and receive public comment before making a recommendation to the township's Board of Supervisors on whether or not to grant a Conditional Use Permit. I further understand that the Board will have the final determination in whether (1) to approve or not approve such a permit, (2) to approve with modifications, alterations, or differing conditions, or (3) to refer this application and its recommendation back to the Planning Commission for further consideration.

Signed: _____ (applicant) Date: _____

PROPOSED USAGE/ACTIVITY

Name of business: _____

Owner (if other than property owner): _____

Describe type of business/activity (manufacturing, sales, service, other):

Expected hours of operation: _____

Number of employees (other than immediate family): _____

Size of structure to be used for business: _____

Is this an existing structure? _____ Proposed signage: _____

List all other governmental agency permits required for operation of this business:

List conditions you welcome in the interest of eliminating or minimizing any zoning incompatibility or potential controversy: _____

Additional information you deem helpful:

Please attach a drawing, to scale, of (1) the boundaries of the property, (2) the location of all existing structures, and (3) all proposed additions or improvements to the property. Include as well any photos or relevant documents which may be of assistance.

The information provided on this document is truthful and accurate to the best of my knowledge. I understand that this application is null and void if any of the above information is not supplied or is inaccurate.

Signature of applicant: _____

Date: _____

OFFICE USE ONLY

Date application received: _____