

Application No. _____
Parcel No. _____
Fee Amount \$125.00 -
\$300.00 if goes to a public
hearing

SUPPLEMENTAL DATA FOR ADMINISTRATIVE SPECIAL USE PERMIT

Polk Co. Planning and Zoning
P.O. Box 375
320 Ingersoll
Crookston, MN 56716
Phone (218) 281-5700 or 6445
Fax (218) 281-6471

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

The above named individual, firm or corporation hereby respectfully submits the following supplemental data in support of the preliminary information provided on the accompanying Zoning Application Summary Form (Form A) dated _____ for the purpose of securing a administrative special use permit.

PROJECT INFORMATION

1. Specify the section of the ordinance that applies to this project: _____

2. Brief narrative description of this request: _____

3. Written justification for request including discussion of how any potential conflicts with existing nearby land uses will be minimized: _____

4. Check all additional supporting documents and data which are being submitted to help explain this project proposal: () sketch plan, () topographic map, () detailed narrative, () operation plans, () engineering plans, () floodplain hydraulic analysis, () flood proofing plans and specifications, () other (specify) _____

I hereby certify with my signature that all data on my application forms,
Plans and specifications are true and correct to the best of my knowledge:

(Signature of Applicant)

(Date)

ADMINISTRATIVE SPECIAL USE PERMIT

In accordance with _____ of the *Polk County Zoning Ordinance*,
(Section of Ordinance)

I hereby () **approve**, () **deny** the foregoing Application for a Administrative Special Use Permit. If approved, said approval is subject to any conditions put forth with the permit.

By: _____
(Authorized Signature) (Title) (Date)