

Application No. \_\_\_\_\_  
Parcel No. \_\_\_\_\_  
Fee Amount \_\_\_\_\_

# SUPPLEMENTAL DATA FOR CONDITIONAL 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 conditional 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)

## CONDITIONAL USE PERMIT

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

the **Polk County Commissioners** hereby ( ) **approve**, ( ) **deny** the foregoing Application for a

Conditional Use Permit. If approved, said approval is subject to the following General and Special Provisions:

By: \_\_\_\_\_  
(Authorized Signature) (Title) (Date)