



CITY OF SLEEPY EYE, MINNESOTA

200 MAIN STREET EAST, SLEEPY EYE, MN 56085 (507) 794-3731

APPLICATION FOR A CONDITIONAL USE PERMIT

To: Mayor, City Council and Planning and Zoning Commission, of the City of Sleepy Eye, Brown County, Minnesota.

I (We), _____, hereby request a Conditional Use Permit to _____

On the property described as Lot _____, Block _____ Addition _____, City of Sleepy Eye, Brown County, Minnesota.

Please complete all information applicable to this application.

Days of Operation _____

Hours of Operation _____

Number of off street parking spaces and / or loading area available _____

Number of square feet of floor area used for business _____

Number of persons outside the home employed _____

A site plan, floor plan or building permit application for the proposed use, must accompany this application.

A Conditional Use Permit shall become void one (1) year after it was granted unless made use of. Noncompliance to the terms of the permit could result in termination of the Conditional Use Permit, however, the city reserves the right to enact or amend this Ordinance to change the status of conditional uses.

Date: _____ Signed _____

Fee: _____ Address _____

City _____

Phone _____

E-mail _____

DECISION BY CITY COUNCIL _____ DENIED Paper Notice _____

_____ GRANTED Mailed Notice _____

_____ GRANTED WITH CONDITIONS Presented to P&Z Commission _____

Public Hearing _____

Signature _____
City Manager

Date _____