



CITY OF MONTEVIDEO
103 Canton Avenue, P.O. Box 517
Montevideo, MN 56265
Telephone: (320) 269-6575

NOTICE OF APPEAL - CONDITIONAL USE PERMIT

Date of Planning Commission Meeting: _____ Date of City Council Meeting: _____
(\$250.00 application fee)

Applicant _____

Address _____ Telephone # _____

Property ID#/Legal Description of Property Involved _____

Property Owner _____ Address _____

Zone _____ Building Classification _____ Lot Size _____

Present Improvements Upon Land _____

REQUEST: The applicant requests that a determination be made by the Montevideo Planning Commission on the following appeal:

Conditional Use Permit is requested to Zoning Ordinance Section _____, Subdivision _____, Paragraph _____.

Description of Request: _____

Please answer the following question:

- 1) Will the granting of a Conditional Use Permit be detrimental to the health, safety, morals, comfort, convenience or welfare of the persons residing or working in the neighborhood of such use or the public welfare or injurious to property or improvements to the neighborhood? _____ Yes _____ No. If answered no, explain: _____



City to complete this section

NOTIFICATION OF SURROUNDING PROPERTY OWNERS WITHIN 350'

Attached is a list of property owner names/addresses/parcel numbers of owners for properties within 350' of the exterior lines of the property involved in this appeal as shown by the latest assessment roll of Chippewa County.

I hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Applicant Signature: _____ Date: _____

Zoning Administrator: _____

Fee Paid: _____ Yes _____ No Date being advertised: _____

Check # _____ Date: _____