



# APPLICATION FOR CONDITIONAL USE PERMIT

County of Sibley  
Gaylord, MN 55334

Permit No.	_____
Application Fee:	\$600
Filing Fee:	\$46
TOTAL Fee:	\$646

Date \_\_\_\_\_ P.I.D. No. \_\_\_\_\_ Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY: \_\_\_\_\_  
\_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

OWNER: Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

APPLICANT (if different): Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### CONDITIONAL USE REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a map, survey, site plan or sketch depicting the area where the conditional use is requested. Also attach any relevant supporting documentation, such as photographs, letters, or other evidence as appropriate.

### ADDITIONAL INFORMATION REGARDING RELATIONSHIP TO OTHER PROPERTIES, EFFECT ON DEVELOPMENT IN THE AREA, UTILITIES, ACCESS, DRAINAGE, PARKING, ODOR, FUMES, DUST, NOISE, ETC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OFFICE USE ONLY:

Received: \_\_\_\_\_ Notice Published: \_\_\_\_\_ Planning Commission Meeting: \_\_\_\_\_

County Board Meeting: \_\_\_\_\_ Owner/applicant notification: \_\_\_\_\_ Recorded: \_\_\_\_\_