



NONCONFORMING USE PERMIT APPLICATION

Department of Planning and Economic Development
Zoning Section
1400 City Hall Annex, 25 West Fourth Street
Saint Paul, MN 55102-1634
(651) 266-6583

Zoning Office Use Only

File # _____
Fee Paid \$ 735
Received By / Date _____
Tentative Hearing Date _____

APPLICANT

Name Tia Lee and Ying Moua
(must have ownership or leasehold interest in the property, contingent included)

Address 694 Sherburne Ave City ST. Paul State MN Zip 55104

Email midyou@hotmail.com Phone 651-442-2542

Name of Owner (if different) _____ Email _____

Contact Person (if different) _____ Email _____

Address 878 Aurora Ave City ST. Paul State MN Zip 55104

PROPERTY INFO

Address/Location 694 Sherburne Ave ST.Paul,MN55104

PIN(s) & Legal Description 352923140185 SYNDICATE NO. 1 ADDITION LOT 4 BLK 2
(attach additional sheet if necessary)

Lot Area 0.0918 Current Zoning 529 TWO FAMILY DWELLING - UP10

- TYPE OF PERMIT:** Application is hereby made for a Nonconforming Use Permit under provisions of Zoning Code § 62.109.
- The permit is for: Establishment of legal nonconforming use status for use in existence at least 10 years (para. a)
- Change of nonconforming use (para. c)
- Expansion or relocation of nonconforming use (para. d)
- Reestablishment of a nonconforming use vacant for more than one year (para. e)

Present / Past Use Duplex

Proposed Use Duplex

SUPPORTING INFORMATION: Demonstrate that each of the requirements in Zoning Code § 62.109 for the type of nonconforming use permit being requested is met. Attach additional sheets if necessary.

Permit repaired as duplex and did not finish as schudle and turned to code and zoning change

- Attachments as required: Site Plan Consent Petition Affidavit
- If you are a religious institution you may have certain rights under RLUIPA. Please check this box if you identify as a religious institution.

Applicant's Signature _____

Date _____

9/6/2022