



INTERIM 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 \$	_____
Received By / Date	_____
Tentative Hearing Date	_____

APPLICANT

Name	_____		
	<i>(must have ownership or leasehold interest in the property, contingent included)</i>		
Address	_____	City	_____
		State	_____
		Zip	_____
Email	_____		
Phone	_____		
Name of Owner (if different)	_____	Email	_____
Contact Person (if different)	_____	Email	_____
Address	_____	City	_____
		State	_____
		Zip	_____

PROPERTY INFO

Address / Location	_____		
PIN(s) & Legal Description	_____		
	<i>(attach additional sheets if necessary)</i>		
	Lot Area	_____	Current Zoning
		_____	_____

TYPE OF PERMIT: Application is hereby made for an Interim Use Permit under provisions of Minnesota Statutes § 462.3597.
Proposed Use _____

SUPPORTING INFORMATION: Explain or demonstrate how the proposed use will meet the following requirements in Minnesota Statutes § 462.3597 for an interim use permit to be granted. Attach additional sheets if necessary.
1. The use conforms to zoning regulations.
2. The date or event that will terminate the use can be identified with certainty.
3. Permission of the use will not impose additional costs on the public if it is necessary for the public to take the property in the future.
4. The user agrees to any conditions that the governing body deems appropriate for permission of the use.
<input type="checkbox"/> Required site plan is attached.
<input type="checkbox"/> 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 _____