



# 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 Model Cities of St. Paul  
*(must have ownership or leasehold interest in the property, contingent included)*

Address 839 university Ave. W. City St. Paul State MN Zip 55104

Email dcarlson@modelcities.org Phone 651-332-8821

Name of Owner (if different) Central Baptist Church Email \_\_\_\_\_

Contact Person (if different) Dean Carlson Email dcarlson@modelcities.org

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PROPERTY INFO

Address / Location 420 Roy Street St. Paul MN

PIN(s) & Legal Description 33.29.23.41.0131  
*(attach additional sheets if necessary)*

Lot Area 1.109 ac Current Zoning R12

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

Proposed Use Overnight Emergency Shelter for 64 beds.

**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.

- The use conforms to zoning regulations. Yes
- The date or event that will terminate the use can be identified with certainty.  
Lease with Central Baptist Church ends August 31, 2027
- 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.  
No additional costs to the public; minor modifications being made to the building interior. No exterior changes or additions
- The user agrees to any conditions that the governing body deems appropriate for permission of the use.  
Yes

Required site plan is attached.

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 Dean E. Carlson Date 10.18.24