



Application Received: \_\_\_\_\_  
Fee Received: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_

## CONDITIONAL USE PERMIT APPLICATION

### APPLICANT INFORMATION

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### PROPERTY OWNER INFORMATION (if different from above)

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### PROPERTY INFORMATION

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Address(es): \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

\_\_\_\_\_

Legal Description (attach if lengthy): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**\*\*If you are unable to provide a PDF Digital ID, please print application to provide original signature(s).**

Applicant Signature(s) \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Signature(s) \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Signature(s) \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**CRITERIA FOR CONSIDERATION:** Section 10-4-3E of the Moorhead Zoning Ordinance states that the Planning Commission and City Council shall consider possible adverse effects of the proposed conditional use. Their judgment shall be based upon, but not limited to the following factors. **Please provide any information you want the reviewers to know about the proposed CUP.** The Planning Commission has the authority to request additional information as needed.

1. The proposed action is consistent with the specific policies and provisions of the official City Comprehensive Plan and with the purpose of the zoning district in which the applicant intends to locate the use.

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2. The proposed use will be compatible with the present and future uses of the area.

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3. The proposed use conforms to all performance standards (i.e., parking, loading, noise, etc.) in the Zoning Ordinance.

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4. The proposed use will not have an adverse effect on the area in which it is proposed.

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5. The proposed use can be accommodated by public services and facilities including parks, schools, streets and utilities within their service capacity.

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**SUBMIT APPLICATION AND SUBMISSION REQUIREMENTS TO:**

Planning & Zoning Division, 403 Center Avenue, First Floor, PO Box 779, Moorhead, MN 56561-0779

**APPLICATION DEADLINE:** A completed application with all submission requirements must be received by 12:00 p.m. on the deadline date (three weeks prior to the scheduled Planning Commission meeting).

\*\*\*Incomplete applications may be held until following Planning Commission meeting deadline.\*\*\*

**APPLICATION SUBMISSION REQUIREMENTS:**

The following must accompany this application:

\_\_\_\_\_ Proof of Title to the property and written authorization from owner(s) if applicant is not the owner.

\_\_\_\_\_ Application fee of \$200 + County Recorder fee of \$46 = **total of \$246 is payable to the City of Moorhead.** The City of Moorhead will record the CUP with the Clay County Recorder's office.