City of Foley Interim Conditional Use Permit Application

Street Location of Property: ADJACONT	TO LETSION (SOUTH)
Legal Description of Property: N/A	
Current Zoning of Property: Survey CACIA	Proposed Zoning: SAM =
2 2	7 Proposed Zolling: SPAPE
Type of Request: (Attach narrative describing details of project scot	HOWING INCOMP (B) 115 TICLIC)
turan narawa accuming across a brilant con	pay
Property Owner: PAY: Massock Name 315 MAPER Address FOLC-9 MA	968-7178 Phone: Now = 56329 Fax:
Applicant: FOLEY LEGION POST Name 131 47# PXE Address FOLEY, MAN	298 96-7902 Phone: Non L- 57-329 Fax:
T a of Degreet a Fee Amounts	
7 3 of Request & Fee Amount: Rezoning/Amendment \$150.00	Fig. Bulling State Blat
Rezoning/Amendment \$150.00 Conditional Use Permit \$150.00	☐ Preliminary Plat \$500.00 ☐ Final Plat \$
☐ Variance \$150.00	☐ Annexation \$150.00 +
☐ Planned Unit Development \$150.00	☐ Site Plan Review/Other
The state of the s	Total Fees Paid \$ /50
Has a request been made previously on this property? This application must be completed in full, be typewritten or clearly printed, and as required by applicable City Ordinance provisions. A determination of compapplication submittal. A written notice of application deficiencies shall be mailed	pleteness of the application shall be made within ten business days of the
This is to certify that I am making application for the described action by the C request. This application should be processed in my name and I am the parapplication. I have attached a copy of proof of ownership (either copy of Owner's I am the authorized person to make this application and the fee owner has also s	City and that I am responsible for all City requirements with regard to this arty whom the City should contact regarding any matter pertaining to this is Duplicate Certificate of Title, Abstract of Title or purchase agreement), or
☐ Supporting Documents Attached	Application Filed:
☐ Appropriate Fees Paid	Date Fees Paid:
Review by City Staff	Staff Initials:
☐ Completed Application Accepted	
2	Date Application Accepted:
Signature of Applicant Date CONTROT: JOE K	Signature of Fee Owner APROTH C 262-517/

City of Foley Conditional Use Permit Supplementary Application

Please use this form to explain how your request for a conditional use permit meets the zoning requirements.

(1) Not a Burden on Public Facilities EMPTY LOT FOR TEMPORARY PARKING
(2) Compatible with Existing and Planned Adjacent Uses No THING CHAMIST FROM EXISTING
(3) No Adverse Affect on Adjacent Properties TEMPORARY USG OHLY
(4) Related to the Needs of the City CAUSED BY OITY STREET CONSTRUCTION
(5) Consistent with the Comprehensive Plan SHOULD BL=
(6) Not a Traffic Hazard No TRAFFIC (HVOLVE)
(7) Adequate Parking and Loading TT 1S A PARKING LOT
(8) Not detrimental to Health, Safety and Welfare 16 16
(9) Floodplain N/A

A conditional use permit cannot be granted unless evidence is presented that satisfies the conditions above. Failure to adequately provide such information may result in a denial of your request for a conditional use permit. (Attach additional sheets if necessary.)

City of Foley Minnesota Statutes Regarding Conditional Use

The following is a portion of Minnesota Statutes regarding Conditional Use.

394.22 Subd. 7. CONDITIONAL USE. "Conditional Use" means a land use or development as defined by ordinance that would not be appropriate generally but may be allowed with the appropriate restrictions as provided by official controls upon a finding that:

- (1) certain conditions as detailed in the zoning ordinance exist, and
- (2) the use or development conforms to the comprehensive land use plan of the City and
- (3) is compatible with the existing neighborhood.