

Conditional / Interim Use Permit (CUP / IUP) Application

LYNDEN TOWNSHIP, STEARNS COUNTY, MINNESOTA

21367 County Road 44, Clearwater, MN 55320

Telephone 320-774-8507 | Web: www.lyndentownship.net | Email: clerk@lyndentownship.net

James Kantor, Planning Administrator 320-281-9339 | Jeff Westrum, Chair 320-274-6067

Date: _____ Primary Email: _____

Name of Applicant(s): _____ Phone: _____

Address: _____
(Street no. and name) (City) (State) (Zip)

Owner(s) of Record: _____ Phone: _____

Address: _____

Parcel ID #(s): _____

Total Acreage: _____ Zoning District: _____

Applicant requests CUP / IUP in accordance with Section(s) _____
of Stearns County/Lynden Township Ordinance(s) No(s) _____

Proposed Use: _____

1. Detailed Description of Request: _____

2. Reason for Request: _____

3. Describe the road access (a) and visibility (b) of the parcel. (Show on site plan): _____

4. Describe the type of fencing (a) and screening (b) that will be utilized to buffer the use from adjacent uses? (Include landscape plan): _____

5. Describe any lighting that will be located on the property. (Show on site plan): _____

6. Describe the parking and loading facilities that will be on the property? (Show on site plan): _____

7. Describe any signage (including proposed sizes) that will be located on the property. (Off building - show on site plan; For signs on a structure, a building elevation is required): _____

8. If request is to operate a business, proposed hours of operation: _____

9. Describe how erosion (a) and storm water (b) will be managed on the property: _____

10. Describe how the grading on the property will be properly managed: _____

11. If applying for an IUP, requested expiration (date or event) of proposed use: _____

Building and Setbacks (As shown on site plan)

11. Dimensions _____

17. Lot Size _____

12. Height _____

18. Lot Coverage _____

13. Road Type _____

19. Front (OHWL) Setback _____

14. ROW Setback _____

20. Rear Setback _____

15. Centerline Setback _____

21. Side Setbacks _____

16. Feedlot Setback _____

IMPORTANT: A complete site plan sketch listing all applicable distances, setbacks, and requested data listed above must be submitted with this application (on a separate sheet).

I, _____, hereby state that all of the above information and the statements contained in the papers submitted herewith are true. I acknowledge that this application is rendered invalid and void should the Township determine that information supplied by me, the applicant and/or property owner, in applying for this variance, is inaccurate or untrue. (Sign below.)

Signature of Owner/Applicant

Date

For Township Use Only

Application Received

Date of Site Visit &/or Public Hearing

Township Authorized Signature

Date