



16319 Kettle River Blvd.
Columbus, MN 55025
Phone: (651) 464-3120 Ext.1008
Website: www.ColumbusMN.us

APPLICATION FOR CONSIDERATION OF: INTERIM USE PERMIT

Application Information Form

APPLICANT:

Name: _____ Phone: _____ (Alt.): _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

OWNER: (If other than applicant)

Name: _____ Phone (work) _____ (Alt.) _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

Legal description of property: _____

Lot(s) _____ Block(s) _____ Additions(s) _____

Existing use of property: _____ Present zoning: _____

Action Requested: Please check (√): Interim Use Permit _____, Interim Use Permit for Residential
Zone Business (RZB) _____

Brief description of the Interim Use (this does not serve as the narrative submittal requirement)



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Submittals Check List:

Application Information Sheet (Permit)	Information Recommended by Zoning Administrator:
Scaled Site Plan (Showing <i>all</i> current and proposed site conditions such as parking, landscaping, refuse area, signs, and location of RZB)	
Narrative Statement (What is the specific use that's being applied for, what activities will be included in such use, how will it affect the community, how will it affect the direct neighborhood, if a RZB: what are the hours of operation, number of employees, etc.)	
Building Elevations (if applicable)	
Certified Survey (if applicable)	
Watershed Approval/Permit (if applicable)	
Required Fees Paid	
Additional Information (further information that you believe is relevant and helps explain the Conditional Use)	
<p><i>Note: this checklist is an outline intended to provide a general statement of the required submittals for a Conditional Use Permit. For exact requirements you should refer to the Columbus City Ordinance (Section 7A-530 through 7A-532) found in the Zoning Code available on the City website www.ColumbusMN.us</i></p>	

In signing this application, I hereby acknowledge that I have read and fully understand the applicable provisions of the Zoning and Subdivision Ordinances and current administrative procedures. I further acknowledge the explanation as outlined in the application procedures and hereby agree to pay all statements received from the City pertaining to additional application expense.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF OWNER: _____ DATE: _____

For Office Use Only			
Date Application Received _____	PC # _____	60-Day Deadline _____	
Permit Fee _____	Escrow Amount _____	Total Amount Paid _____	
Date Paid _____	Check # _____	Receipt # _____	

