



City of Oronoco
CONDITIONAL USE PERMIT APPLICATION

Date: _____ Phone: _____ Application Fee: \$150-

Applicant Name: _____

Mailing Address: _____

Address for Condition Use: _____

Legal description of property: LOT _____ BLOCK: _____

PLAT/PARCEL# _____ ADDITION: _____

Reason for Conditional Use Permit:

Names and addresses of property owners abutting & within 350' of property described in application:

1. Will the use be suitable at the location so as not to create an excessive burden? _____yes _____no

COMMENTS: _____

2. Will the use be sufficiently compatible or separated by distance or screening from adjacent residentially zoned or used land so that existing homes will not be depreciated in value and there will be no deterrence to development of vacant land?

_____yes _____no COMMENTS: _____

3. Will the structure and/or site have an appearance that will not have an adverse effect upon adjacent residential properties? _____yes _____no COMMENTS: _____

4. Will the use be appropriate as not to cause a traffic hazard or congestion? _____yes _____no

COMMENTS: _____

5. Does the site have adequate utilities, access roads, drainage and necessary facilities? _____yes _____no

COMMENTS: _____

SIGNATURE OF APPLICANT: _____

FOR PLANNING & ZONING COMMISSION USE ONLY

Will the use be reasonably related to the overall needs of the City and to the existing land use? ____yes ____no

COMMENTS _____

Is the use consistent with the purposes of the Zoning Chapter? ____yes ____no

COMMENTS _____

Will the use be sufficiently compatible so as not to conflict with the Comprehensive Plan of the City?

____yes ____no COMMENTS: _____

Additional comments:

Approved: _____ Denied: _____ Date of Public Hearing: _____

Findings of Facts for Approval or Denial: _____

Date of Council Meeting: _____ Approved: _____ Denied: _____

Signature of Zoning Administrator: _____



Signature of City Clerk: _____