

CONDITIONAL USE PERMIT APPLICATION NO.: _____

Marc Telecky, McLeod County Environmental Services Director
1065 5th Avenue SE, Hutchinson, MN 55350, PH: (320) 484-4344; FX: (320) 484-4315

> You must call your township clerk to be placed on the agenda of the township board meeting and receive written recommendation on this application. Once you have obtained their recommendation, return this application to the Zoning Office for your public hearing with the McLeod County Planning Commission.

Date:		60-day date:		Permit Fee:	\$496.00	Receipt No.	
-------	--	--------------	--	-------------	----------	-------------	--

Applicant:	Property Owner:
Address:	Address:
Phone:	Phone:

Legal Description:

Section / Township:	PID No.:
---------------------	----------

Type of Conditional Use Requested:

Present Use of Property:	Estimated Date of Completion:
--------------------------	-------------------------------

Description of operation requiring a conditional use permit:

I swear that all information submitted by me (or my agent representing me) as part of this request to the best of my knowledge is true, accurate and complete. I hereby authorize the County Zoning Administrator or authorized agent to enter upon property subject to this request to gather information pertinent to this application.

Applicant’s Signature _____ Date _____

Property Owner’s Signature _____ Date _____

TOWNSHIP BOARD

The _____ Township Board recommended ☐ approval ☐ denial of this Conditional Use Permit on _____, _____.

Signed _____, Chairperson of the Township Board.

McLEOD COUNTY PLANNING COMMISSION

The McLeod County Planning Commission recommended ☐ approval ☐ denial of this Conditional Use Permit on _____, _____.

Signed _____, Chairperson, McLeod County Planning Commission.

McLEOD COUNTY BOARD OF COMMISSIONERS

The McLeod County Board of Commissioners ☐ approved ☐ denied of this Conditional Use Permit on _____, _____.

Signed _____, Chairperson, McLeod County Board of Commissioners.

➤ A Conditional Use Permit shall become void one (1) year after it was granted unless made use of. ⚡

In cases where MS. 15.99 applies, the County hereby notified the applicant that a decision may not be rendered within 60 days due to public hearing requirements and agency review. Therefore, the County is notifying the applicant that a 60-day review waiver is required. A decision on the request shall be completed within 120 days unless additional review extensions are approved by the applicant.

I hereby agree to waiver the 60-day timeline requirement set by state statute on my conditional use request.

Applicant’s Signature _____	Date _____
-----------------------------	------------