

Conditional Use Permit Application

03/2021

Clay County Planning & Zoning
3510 12th Avenue South, PO Box 280
Moorhead, MN 56561-0280
Tel (218) 299-5005
planning@claycountymn.gov

Application Fee: \$225.00

Owner	_____	Parcel # _____
Mailing Address	_____	Permit # _____
City	_____	Date Submitted _____
State, Zip	_____	60 Days _____
Day Phone	_____	Fee \$ _____
Cell Phone	_____	Date of Hearing: _____
Email	_____	
Property Address	_____	
Subdivision	_____	Twp _____ Rng _____ Section _____
Applicant	<input type="checkbox"/> Applicant Same as Owner	
Name	_____	
Address 1	_____	
Address 2	_____	
City	_____	
State, Zip	_____	
Email	_____	
Day Phone	_____	

1. Describe the nature of this request: _____

2. List any potential conflicts with existing nearby land uses and how any conflicts will be minimized:

3. Check all additional supporting documents and data, which are being submitted to help explain this project:

- Sketch Plan
- Topographical Map
- Detailed Narrative
- Engineering Plan
- Flood Plain Hydraulic Analysis
- Flood Proofing Plans & Specs
- Other (specify) _____

To the best of my knowledge, I certify that the information provided on this application and accompanying documents is true and accurate.

Applicant signature: _____ **Date:** _____