



202 Parkway Avenue South | P.O. Box 333
Lanesboro, MN 55949
P: 507-467-3722 | E: city@lanesboro-mn.gov
www.lanesboro-mn.gov

Conditional Use Permit (CUP) Application

Part I – Property Owner Information

Name: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Daytime phone: _____ Cell Phone: _____
Email: _____
Signature: _____ Date: _____

Part II – Applicant Information - Same as Owner? ☐ Yes ☐ No

Name: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Daytime phone: _____ Cell Phone: _____
Email: _____
Signature: _____ Date: _____

Part III – Site Location & Proposal

Property Address: _____

Parcel ID Number: _____ Zoning District: _____

Legal Description of Property: _____

Statement indicating necessity or desirability of the proposed use:

Applicant's Affidavit: To the best of my (our) knowledge, the above statements and attached information are, in all respects, true and accurate descriptions of the existing status and proposed plans for the property identified in this application.

Signature of Applicant

Date

For Office Use Only

Application Date Received: _____ Received By: _____

Application Fee: _____

Heritage Preservation Commission

Review Date: _____

Recommendation: ☐ Approve ☐ Deny

Planning and Zoning Commission

Review Date: _____

Recommendation: ☐ Approve ☐ Deny

Public Utility Commission

Review Date: _____

Recommendation: ☐ Approve ☐ Deny

City Council

Review Date: _____

☐ Approve ☐ Deny