



Conditional Use Permit Application

Property Owner: _____

Property Address: _____

Contact Phone #: _____ Contact Email: _____

Parcel ID#: _____ ([Click here to find your parcel ID#](#)) or contact County Assessor at 507-765-3868

Current Zoning: _____ ([Click here to find your current Zoning](#))

Describe the proposal:

State the Zoning Ordinance/Standard from which you seek a conditional use permit. City Ordinance Reference Number: _____ (City Ordinances can be viewed on the city website at <https://www.springvalley-mn.com/government>)

Explain what allowed conditional use per the city code you are applying for. Feel free to attach supplemental information. (drawings, statements, descriptions):

Include with application:

- Proof of Property Ownership
- Allowed Conditional Use applied for and plan for the use.
- \$50 Application Fee

Printed Name

Date Submitted

Signature

Return to: City Hall, Attn: Planning and Zoning, or email to deputyclerk@springvalley-mn.com