

APPLICATION FOR CONDITIONAL USE PERMIT

Application fee \$325.00 _____
Receipt number _____

**City of Battle Lake
108 E Main
PO Box 386
Battle Lake, MN 56515
PH/FAX (218) 864-0424**

***** Complete this application in black ink*****

Property Owner _____ **Daytime Phone** _____

Address _____

LEGAL DESCRIPTION

Section _____ **Township** _____ **Range** _____

PARCEL NUMBER

EXPLAIN YOUR REQUEST (In order that your request may be fairly evaluated, please provide as much supplementary information as possible such as: maps, drawings, information about surrounding property, etc.)

**I understand that I have applied for a Conditional Use Permit from the City of Battle Lake.
I also understand that it is my responsibility to obtain any other permits that may be required.**

Signature of property owner

Date

APPLICANT MUST BE PRESENT AT THE HEARING