

Lynden Township Conditional/Interim Use Permit Application

IMPORTANT: A complete site plan sketch listing all applicable distances, setbacks, and other necessary measurements must be submitted with this application (on a separate sheet).

James Kantor, Planning Commission Administrator (320) 281-9339
Inspectron, Inc., Lynden Township Building Inspector Ron Wasmund (800) 322-6153

Application Fee: \$750.00

File No. _____

Applicant _____	Day Phone _____	Cell Phone _____
Property Owner _____	Day Phone _____	Cell Phone _____
Mailing Address (Applicant) _____		
Mailing Address (Property Owner) _____		
Parcel I.D. Number _____	Zoning District _____	
Legal Description _____		

Zoning District _____ Section of Ordinance _____

Proposed Use _____ Section of Ordinance _____

1. Detailed Description of Request _____

2. Reason for Request _____

3. What type of road access (a) and visibility (b) does the parcel have? (Show on site plan) _____

4. What type of fencing (a) and screening (b) will be provided to buffer the use from adjacent uses? Include landscape plan. _____

5. Describe any lighting that will be located on the property? (Show on site plan) _____

6. What type of parking and loading facilities will be on the property? (Show on site plan)_____

7. Describe any signage (including proposed sizes) that will be located on the property? (Off building - show on site plan; For signs on a structure, a building elevation is required) _____

8. If request is to operate a business, proposed hours of operation_____

9. How will you manage erosion (a) and storm water (b) on your property?_____

10. How will you properly manage the grading on the property?_____

Building and Setbacks (As shown on site plan)

- 11. Dimensions_____
- 12. Height_____
- 13. Road type_____
- 14. ROW Setback_____
- 15. Centerline Setback_____
- 16. Feedlot Setback_____

- 17. Lot Size_____
- 18. Lot Coverage_____
- 19. Front (OHWL) Setback_____
- 20. Rear Setback_____
- 21. Side Setbacks_____

I hereby swear and affirm that the information supplied to Lynden Township is accurate and true. I acknowledge that this application is rendered invalid and void should the Township determine that information supplied by me, the applicant and/or property owner, in applying for this CUP/IUP, is inaccurate or untrue. (If so, no fees will be refunded.)

Applicant's Signature_____

Date_____

Property Owner's Signature_____

Date_____

FOR TOWNSHIP USE ONLY

Conditional Use Granted

Conditional Use Denied

Authorized Signature

Date