



BALDWIN TOWNSHIP  
CONDITIONAL & INTERIM USE PERMITS

30239 128TH STREET, BALDWIN TWP, MN 55371

(763) 389-8931

RETURN TO: [TOWN.CLERK@BALDWINTWP.MN.COM](mailto:TOWN.CLERK@BALDWINTWP.MN.COM)

<p><b>CONDITIONAL USE PERMIT</b></p> <p><b>INTERIM USE PERMIT</b></p> <p>Base Fee: \$500  Escrow (single family) \$1,000  Escrow (all others) \$3,000</p> <p><b>Total Amt. Due: \$</b></p> <p>Amt. Paid: _____</p> <p>CC/Check# _____</p>	<p><i>***FOR OFFICE USE ONLY *** FOR OFFICE USE ONLY***</i></p> <p>Date Application Received: _____</p> <p>Date Application Complete: _____  (60-day review period starts from this date)</p> <p>Public Hearing/Planning Commission Date: _____</p> <p>Town Board Approval/Denial Date: _____</p> <p>60-Day Review Period Ends: _____</p> <p>60-Day Extension: __Yes __No Expires On: _____</p> <p>Received By: _____</p>
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**Property Information**

Street Address: \_\_\_\_\_

Property Identification Number: \_\_\_\_\_

Legal Description: (Attach full description of Metes & Bounds if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Type of Business or Use Requested: \_\_\_\_\_  
\_\_\_\_\_

Zoning Designation: \_\_\_\_\_

**Applicant Information**

Name(s): \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Property Owner Information** (If other than applicant):

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Description of Request** (attach additional sheets as necessary)

Existing Use of Property: \_\_\_\_\_

Description of Proposed Use: \_\_\_\_\_

\_\_\_\_\_

Reason(s) to Approve Request: \_\_\_\_\_

\_\_\_\_\_

**Please describe any previous applications pertaining to the subject site:**

Project Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Nature of Previous Request : \_\_\_\_\_

**Existing Building Sizes:**

**RESIDENTIAL LOTS:** House (main floor/footprint of living area): \_\_\_\_\_ SF

Garage 1: \_\_\_\_\_ SF(attached/detached?) Garage 2: \_\_\_\_\_ SF(attached/detached?)

**COMMERCIAL/INDUSTRIAL LOTS:** Main Building(s): \_\_\_\_\_ SF \_\_\_\_\_ SF

Office Area: \_\_\_\_\_ SF; Warehouse/Storage: \_\_\_\_\_ SF; Manufacturing: \_\_\_\_\_ SF

**ALL LOTS:**

Accessory Buildings: (type/size) \_\_\_\_\_ / \_\_\_\_\_ SF: \_\_\_\_\_ / \_\_\_\_\_ SF

\_\_\_\_\_ / \_\_\_\_\_ SF: \_\_\_\_\_ / \_\_\_\_\_ SF; \_\_\_\_\_ / \_\_\_\_\_ SF

**APPLICATION FEES AND EXPENSES:** We the applicant and undersigned property owner agree to provide to the Town, in cash or certified check, for deposit in an escrow fund, the amount of \$\_\_\_\_\_ as partial payment for all fees and estimated future Town administrative, planning, legal and engineering fees incurred in processing this request. If the escrow amount is depleted, I agree to furnish additional monies as requested by the Township within 10 days of such request. I understand that any amounts not utilized from this escrow fund shall be returned to me, without interest, when all financial obligations to the Township have been satisfied. **All fees and expenses are due whether the application is approved or denied.**

I understand and agree that all Township-incurred professional fees and expenses associated with the processing of this request and enforcing the terms of this agreement including, but not limited to, attorney's fees are my responsibility as the property owner and will be promptly paid by myself upon billing by the Town in the event the escrow fund is depleted. I further understand and agree that as the property owner I must make said payment within 10 days of the date of the invoice. Bills not paid within the 10 days of request for payment by the Township shall accrue interest at the rate of 6% per year. Further, if I fail to pay said amounts when due, then the Town may certify such costs against any property owned by me within the Town limits for collection with the real estate taxes and/or take necessary legal action to recover such costs and I agree that the Town shall be entitled to attorney's fees and other costs incurred by the Township as a result of such legal action. I knowingly and voluntarily waive all rights to appeal said certification of such expenses against my property under any applicable Minnesota Statutes.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials submitted in support of this application are in compliance with adopted Township policy and ordinance requirements and are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established Township review procedures and Minnesota Statutes 15.99 at such time as it is determined to be complete. Pursuant to Minnesota Statutes 15.99, the Town will notify the applicant within fifteen (15) days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the Town may be cause for denying this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_