

MANTRAP TOWNSHIP CONDITIONAL USE APPLICATION

Mantrap Township
23494 240th Street
Nevis, MN 56467

This form must be legibly complete in INK.

Applicant name(s): _____ Date: _____

Owner name(s) (if different from applicant): _____

Mailing address: _____

E911 Property Address: _____

Phone: _____ Alt. Phone: _____ Email: _____

Tax Parcel Numbers(s): _____

Explain your requested conditional use: Give details of the type, size, purpose and any other relevant information regarding your proposed use. Be thorough. Attach additional sheets labeled "Conditional Use Request," if necessary.

USE 1: _____

USE 2: _____

USE 3: _____

I have read and fully understand the above instructions. I hereby make application for a conditional use permit, agreeing to do all such work in accordance with all Mantrap Township Ordinances. In making this application, I hereby affirm that I am the fee title owner of the above-described property or the authorized agent thereof, and I agree to this application and warrant and assert that I am authorized by ownership and/or law to apply for the conditional use permit in question. By signing this application, I hereby certify that the information contained in this application is a true, accurate and complete representation of facts and conditions concerning the proposed conditional use permit application. I hereby state and affirm that any and all applications, sketches, surveys and all other attachments and documents submitted herewith are true and accurate. I understand that if any of the information provided by me in this application is later found or determined by the Township to be inaccurate, the Township may revoke the conditional use permit and/or any accompanying permit based upon the supplying of inaccurate information. I understand and agree that in making application for a conditional use permit, I am granting permission to Mantrap Township, at reasonable time and in a reasonable manner, to enter the land and premises that are the subject of this application to determine compliance of that application with applicable township, county, state or federal laws, statutes or ordinances. I certify and agree that I will comply with any and all conditions imposed in connection with the approval of the Application. I understand that I may be required to submit additional property descriptions, property surveys, site plans, building plans or other information as deemed necessary the by Township for proper consideration of the request before the application is deemed complete or acted upon.

Signature of application(s): _____ **Date:** _____

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For Office Use

Date of application: _____ Filing acknowledgement by: ____ Fee paid: _____ App. #: _____