

Parcel No. _____

Permit No. _____

Application for Lincoln County Conditional Use Permit

Return to
Lincoln County Environmental Office
PO Box 66
Ivanhoe, MN 56142

Applicant: _____

Phone: _____

Address: _____

Legal Description of Property:

Proposed Use of Property:

Applicant Signature: _____

Date: _____

For Office Use Only

Date of hearing: _____, 20 ____ Time: _____

Conditional Requirements:

Motion to Approve/ Disapprove made by Planning and Zoning Committee
this _____ day of _____, 20 ____.

Conditional Use Permit issued in accordance with existing Conditional Requirements
and Special Regulations and Minnesota Commissioner of Natural Resources notified
this _____ day of _____, 20 ____.

Signature _____
President – Lincoln County Planning & Zoning Commission

Environmental Administrator – Lincoln County, MN

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Land Owner Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

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