River Heights City Conditional Use Application

For office use

Date Received: 9/11/23

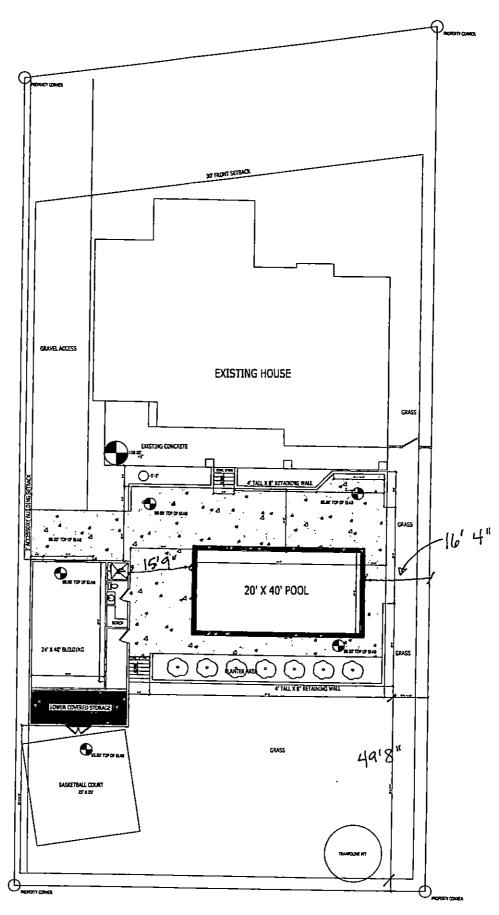
Hearing Date: 100

Amount Paid: 100

Approved _____ Denied ____

ADDIICANT	Approved Denied
APPLICANT SAVA HAINCOIN	,
Name: Sara Hansen	TE IT BURDI
Mailing Address: 962 Orchard Drive Fiver Height	1121011172
Phone: email:	1
Please check one of the following: owner buyer r	enter agent other
PROJECT INFORMATION	
Name: Sara Hanson - Pool	T 0.4021
Address/Location: 662 Orchard Dr. River Heights U	1 4321
• • • • • • • • • • • • • • • • • • • •	kisting Zone:
What is the current use of the property? <u>RISIDENTIAL</u>	
How many employees will be working at this location including applica	nt, immediate family, and non-
family members?	<u> </u>
How many vehicles will be coming and going daily, weekly, or monthly	?
I agree to abide by the River Heights City Parking Ordinance (10-14). Ir	
l agree to abide by the River Heights City Sign Ordinance (10-16). Initia	al
Description of Request: 1 WAY OUNG 20' x 40' SWIM I	<u>,</u>
, ,	- I
SUBMITTAL REQUIREMENTS	
Completed and signed application form	
\$100 application fee	
8 ½ x 11 copy of plans	
	*

Provide a Fire Protection evaluation from the fire department.



AERIAL VIEW OF IMPROVEMENTS

SCALE 3/32" = 1'-0"