

### GENERAL INFORMATION

#### 1. Applicant

Name:			
Street:	City:	State:	Zip:
Business Telephone:	Fax:		
Email:			

#### 2. Property Identification Number (PID) for this application:

#### 3. Property Address for this application:

Street:	City:	State:	Zip:
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#### 4. Project Name and Project Description:

#### 5. Property Owner

☐ Same as the Applicant

Name:			
Street:	City:	State:	Zip:
Business Telephone:	Fax:		
Email:			

#### 6. Project Contact (Architect, Designer, Engineer, Land Surveyor, or Landscape Architect, if applicable)

Name:	Role in Project:		
Company:			
Street:	City:	State:	Zip:
Business Telephone:	Fax:		
Email:			

### City Use Only

Received by:	Date Received:	Date Complete:
Permit No.:	Fee:	Date Paid:
Other:	Escrow:	Date Paid:

### 7. Additional Design/Engineering Professional (if applicable)

Name:	Role in Project:		
Company:			
Street:	City:	State:	Zip:
Business Telephone:	Fax:		
Email:			

### 8. Conditional Use Permit Application Checklist

(A) Applicable Zoning District:

(B) Indicate Proposed Use:

- |  |   |
|--|---|
| <input type="checkbox"/> Animal Hospital/Clinic                        | <input type="checkbox"/> Personal Service   |
| <input type="checkbox"/> Automobile/Truck Repair (including body work) | <input type="checkbox"/> Public/Semi-Public Building                              |
| <input type="checkbox"/> Bulk Liquid Storage                           | <input type="checkbox"/> Recreational Facility (indoor)                           |
| <input type="checkbox"/> Campground                                    | <input type="checkbox"/> Recreational Facility (outdoor)                          |
| <input type="checkbox"/> Convenience Store                             | <input type="checkbox"/> Recreational Vehicle Park                                |
| <input type="checkbox"/> Cultural Facility                             | <input type="checkbox"/> Religious Institution                                    |
| <input type="checkbox"/> Day Care Facility                             | <input type="checkbox"/> Restaurant (full service)                                |
| <input type="checkbox"/> Drive-Through Establishment                   | <input type="checkbox"/> Restaurant (limited service)                             |
| <input type="checkbox"/> Industrial Use (indoor)                       | <input type="checkbox"/> Restaurant (drive-through)                               |
| <input type="checkbox"/> Industrial Use (outdoor)                      | <input type="checkbox"/> Retail Sales/Service                                     |
| <input type="checkbox"/> Licensed Residential Care ( >6 beds)          | <input type="checkbox"/> School (elementary or secondary)                         |
| <input type="checkbox"/> Manufactured Home                             | <input type="checkbox"/> School (higher education: college, seminary, university) |
| <input type="checkbox"/> Mining Extraction/Aggregate                   | <input type="checkbox"/> School (nursery or kindergarten)                         |
| <input type="checkbox"/> Processing                                    | <input type="checkbox"/> School (trade, business, other)                          |
| <input type="checkbox"/> Parking Lot/Ramp                              | <input type="checkbox"/> Telecommunication Facility                               |

(C) Complete and submit a Conditional Use Permit Criteria Narrative (see below).

(D) If the proposed use requires a building addition or new construction of greater than 500 square feet, a Site Plan is required.

### 9. Conditional Use Permit Criteria Narrative

*Please answer the following questions about the proposed conditional use. If the space provided is not sufficient, please attach an additional sheet with the responses clearly numbered.*

1) Is the proposed use allowed in the applicable zoning district? (See LDC table 2.7.1)

☐ Yes ☐ No

2) Is the location of the proposed use a residential area?

☐ Yes ☐ No

If yes, briefly explain how the proposed project is similar in height, building orientation, massing, setback, and scale to surrounding uses, as described in LDC Section 3.4: Neighborhood Compatibility Standards.

- 3) Is the proposed use within the Perimeter Transition Area (PTA) of the College Development District?  
☐ Yes      ☐ No

If yes, briefly explain how the proposed project is similar in height, building orientation, massing, setback, and scale to surrounding uses, as described in LDC Section 3.5: Neighborhood Compatibility Standards.

- 4) Explain how the proposed use conforms to the objectives of the City's Comprehensive Plan.

- 5) Explain how the proposed use will be constructed, operated, and maintained in harmony with the existing and intended character of the neighborhood.

- 6) Explain how the proposed use will not be hazardous or disruptive to existing and future neighboring uses.

- 7) Explain how the proposed use will be served by essential public services including streets, water, sewer, public safety protection, drainage facilities, and refuse disposal.

- 8) How will the approval of the Conditional Use Permit outweigh potential negative effects to the surrounding area?

- 9) Will the proposed use create additional requirements for service and facilities at public cost?  
☐ Yes      ☐ No

If yes, explain what will be required.

- 10) Will the proposed use involve activities, materials, and/or equipment that will increase traffic, noise, smoke, fumes, glare, or odors in the surrounding area?

☐ Yes ☐ No

If yes, describe and quantify the changes to the existing environment.

- 11) Will the proposed use result in the destruction or damage of natural, scenic, or historic features?

☐ Yes ☐ No

If yes, explain what will be altered, and cite any efforts you have undertaken to obtain permission from relevant authorities with jurisdiction over the natural scenic, and historic features.

- 12) Will the proposed use increase traffic at street intersections within ¼ mile of the site?

☐ Yes ☐ No

If yes, explain how you have estimated the increase and the anticipated impact of the increase on the surrounding neighborhood.

- 13) Explain how the impact of noise, hours of activity, and outdoor lighting on the surrounding neighborhood have been mitigated.

- 14) Is the parking area of the proposed use consistent with the requirements specified in the Land Development Code?

☐ Yes ☐ No

If yes, provide the estimated number of customers, part-time and full-time employees, and number and time of day of expected deliveries.

If no, explain any mitigating circumstances that result in a larger or smaller parking area.

### Escrow Acknowledgment

It is City policy to have all costs associated with the review of land use applications reimbursed by the applicant. The escrow fee must be submitted along with the application. The escrow fee covers all staff time and outside service costs that are incurred in reviewing the application.

The applicant must submit the required escrow before the City will begin the review of the application. The City will reimburse itself from the escrow deposit for all costs incurred in reviewing the land use application. If there is deemed to be an inadequate balance in the escrow account to pay for all review costs, the City will notify the Contact Person listed on the application form of the need for an additional escrow deposit. If needed, this additional escrow deposit must be made before review of the application will continue.

Any balance remaining in the escrow account will be reimbursed to the applicant upon the occurrence of any of the following events: (1) Issuance of a Zoning Certificate of Approval; (2) the application is withdrawn by the applicant; or (3) the application is denied by the City for any reason. The City is not responsible for paying interest on the escrow funds deposited as part of the review of the land use application.

*By signing this agreement, the property owner, applicant, and contact person acknowledge that additional escrow fees may be necessary, and that this additional escrow fee will be submitted to the City before the review of the land use application continues.*

### Property Owner:

Name:	St. Olaf College
Signature:	See Appendix A of Narrative
Date:	

### Applicant:

☐ Same as the Property Owner

Name:	Hyacinth Solar, LLC
Signature:	<i>[Signature]</i>
Date:	10/30/2019

### Contact Person:

Name:	Marta Jensen	Signature:		Date:	
Street:	7650 Edinborough Way, Ste 725	City:	Edina	State:	MN Zip: 55435
Telephone:	(952) 988-9000	Fax:			
Email:	marta@geronimoenergy.com				

### Notice

Review of a Land Development Application and the decision to approve, approve with modifications, or deny the application will be based on the standards and criteria found the Northfield Land Development Code. These standards and project review criteria reflect the Comprehensive Plan of the City of Northfield, and stipulate the minimum and/or maximum requirements necessary to safeguard public health, safety, aesthetics, and general welfare.

Approval of this Land Development Application does not absolve the applicant from obtaining all other applicable permits, including but not limited to, stormwater management permits, building permits, Minnesota Department of Transportation access permits, and/or other applicable permits and approvals.

***I (We) certify that I (we) have submitted all the required information to apply for approval of a Land Development Application and that the information is factual.***

Signed by:

See Appendix A of Narrative

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

Property Owner(s) (Note: No other signature may be substituted for the Property Owner's Signature.)

AND:

[Signature]

Date: 10/30/2019

Applicant

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

City Acceptance