SAINT PAUL MINNESOTA

REQUEST FOR STATEMENT OF CLARIFICATION

Department of Safety and Inspections Zoning Division 375 Jackson Street, Suite 220 Saint Paul, MN 55101 Ph: (651) 266–9008

Zoning Office Use Only					
File #:					
Fee:	\$394.00				
Zoning Staff:					
Date Received:					

Saint Paul, MN 55101					Zoning Staff:		
	Ph: (651) 266–9008				Date Received:		
PPLICANT	Name						
	Email Address						
	Address				_		
ROPERTY WNER F DIFFERENT)	Name						
					_		
PROPERTY	Address						
ADDRESS					_		
"When a specific clarification, find herein." Proposed Use: What existing uses 1. Provide a description	c use is not listed in a	the zoning code, to is not substantial see similar to:	he zoning adm ally similar in cl	inistrator shall is: haracter and imp	Determination, which states: sue a statement of act to a use regulated		
as a religious ins					check this box if you identify		
Applicant's Sign	ature			n	Pate		
ppvaiit v vigi					ulo ————————————————————————————————————		