



CITY OF WEST ST. PAUL

1616 HUMBOLDT AVENUE, WEST ST. PAUL, MN 55118-3972

MUNICIPAL CENTER 651-552-4100
PARKS/RECREATION 651-552-4150
FAX 651-552-4190

POLICE 651-552-4200
FIRE 651-552-4176
TDD 651-552-4222

CONDITIONAL USE PERMIT APPLICATION

Filing Fee: \$275.00

(OFFICE USE ONLY)

Escrow Amount: \$400.00 (residential)
\$800.00 (commercial)

CASE NO. 16-08
DATE RECEIVED 7/22/16
RECEIPT # _____
60 DAY DATE 9/20/16

TOTAL FEES \$1,075

1. STREET ADDRESS OF PARCEL 1963 Roberts Street South
2. NAME OF APPLICANT MedExpress Urgert Care Phone # 304-282-6096
3. ADDRESS OF APPLICANT 370 Southpointe Blvd, Suite 100 Email edietz@medexpress.com
Canonsburg, PA 15317
4. NAME OF OWNER Division 25, LLC Phone # 952-897-7760
5. ADDRESS OF OWNER 4350 Baker Road, Suite 400 Email CSimmons@WelshCo.com
Minnetonka, MN 55343
6. LEGAL/PID # 424919500012
7. PRESENT ZONING B-3 – General Business
8. PROPOSED USE OF PARCEL Medical Office – walk-in doctor's office
9. ZONING SECTION AUTHORIZING CUP 153.141.(i)
10. WHAT WILL BE THE EFFECT OF THE PROPOSED USE ON THE HEALTH, SAFETY, & WELFARE OF THE OCCUPANTS IN THE SURROUNDING PARCELS? See Attached Sheet
11. WHAT WILL BE THE EFFECT ON EXISTING AND ANTICIPATED TRAFFIC CONDITIONS, INCLUDING PARKING FACILITIES ON ADJACENT STREETS? See Attached Sheet
12. WHAT WILL BE THE EFFECT OF THE PROPOSED USE ON THE COMPREHENSIVE PLAN? See Attached Sheet

**PROMOTING AND PRESERVING A COMMUNITY OF EXCELLENCE
BY THE ETHICAL, RESPONSIVE, EFFICIENT AND INNOVATIVE PROVISION OF SERVICES
EOE/AEE**

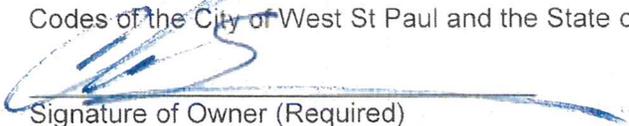
EXHIBITS REQUIRED

- A. An electronic copy as well as four (4) 22x34 and twenty (20) 11x17 paper copies, of a map or plat showing the property on which the Conditional Use Permit is requested, and all parcel within 150 feet of the boundaries of the subject parcel.

- B. An electronic copy as well as four (4) 22x34 and twenty (20) 11x17 paper copies in sets and folded plans, showing application information as follows:
 - a. Proposed and existing topography and drainage.
 - b. A complete plan prepared and signed by a registered Civil Engineer, Architect, and/or Landscape Architect showing:
 - i. The parking layout, access provisions, structure locations, landscaping, drainage, trees and shrubbery including types and locations, and sizes.
 - ii. Any fences, walls, or other screening, including height and type of material.
 - iii. All lighting provisions, including type, location, and lumens affecting the surrounding parcels and streets.
 - iv. Curb type and location on site.
 - v. Proposed plans for sidewalk to service, parking, recreation and service areas within the site.

ACKNOWLEDGE AND SIGNATURE

The undersigned hereby represents upon all penalties of law, for the purpose of inducing the City of West St Paul to take action herein requested, that all statements herein are true and that all work herein mentioned will be done in accordance with the Ordinances and all Codes of the City of West St Paul and the State of Minnesota.


Signature of Owner (Required)

952-897-7760
Phone Number


Signature of Applicant (If different)

304-282-6096
Phone Number

NOTE: All Materials relevant to this Application must be filed on or before the dates listed on Operating Procedures for Applicants page. The Planning Commission holds its regular meeting at 7:00pm on the third Tuesday of each month.

LAPSE OF CONDITIONAL USE PERMIT:

An approved Conditional Use Permit shall lapse and become null and void six months following the date on which the Conditional Use Permit was approved, unless prior to the expiration of six months a building permit is issued by the Building Official and construction is commenced and diligently pursued toward completion on the subject site, or a Certificate of Occupancy is issued by the Building Official. A Conditional Use Permit may be renewed once for a period of one year by the City Council.

FEES

1. The fees to be paid by each applicant for each zoning request shall be as prescribed by the City Council. Fees shall be payable at the time applications are filed with the Zoning Administrator and are not refundable unless the application is withdrawn prior to being sent for legal publication and notice. There shall be no fee in the case of applications filed in the public interest by the City Council or by the Planning Commission. Fees shall include application fee, filing fees, consultant, legal, planning, and engineering fees.
2. Applicants shall deposit with the City, together with the application filing fees, the sums required by Council resolution toward prepayment of the Consultants and Attorney's expenses and all costs to be billed and charged to the City. The prepayment amounts shall be a credit toward all reasonable fees and expenses charged by the Consultants to the City in the investigation report and recommendation to the City Council concerning the application. All reasonable expenses and fees in excess of the deposit, shall be paid by the applicant to the City within 30 days of final action on the matter by the City. If not paid within 30 days, the account shall be deemed delinquent. If the fees and expenses incurred by the City from the Consultants are less than the amount of deposit, such excess shall be returned to the applicant upon final action by the City in said manner.

City of West St. Paul
1616 Humboldt Avenue
West St. Paul, MN 55118-3972
651-552-4100

Conditional Use Permit Application

Street Address: 1963 Roberts Street South

10.) MedExpress will not have any impact on the surrounding parcels. MedExpress is a commercial business use being developed in the commercial business corridor. The parcels were previously developed for commercial use. MedExpress will be a benefit to the surround community as a doctor's office that treats illnesses and injuries along with wellness services.

11.) MedExpress will have limited impact on the parking facilities and traffic. Per the Institute of Transportation Engineers' Trip Generation 9th Edition with the use of 720 Medical-Dental Office Building, MedExpress will generate 11 trips in the AM Peak Hour and 19 trips in the PM Peak Hour.

12.) MedExpress will not have any impact on the Comprehensive Plan. Medical Office is an approved Conditional Use within the B-3 – General Business zoning district.



Administrative Offices
370 Southpointe Blvd., Suite 100
Canonsburg, PA 15317

724 597 6201 - phone
724 743 1132 - fax

medexpress.com

July 22, 2016

City of West St. Paul
1616 Humboldt Avenue
West St. Paul, MN 55118
651 552-4100

Re: MedExpress West St. Paul
1963 Roberts Street South
West St. Paul, MN 55118

To Whom It May Concern,

MedExpress Urgent Care is a walk-in doctor's office that treats illnesses and injuries along with wellness and prevention services. MedExpress treats common illness, such as cold, flu, rashes, sprains, and minor surgical procedures. Enclosed with the letter is the Our Services brochure which states the services provided by MedExpress Urgent Care. All MedExpress patients are on a walk-in basis with no appointment necessary. No patients are admitted for an extended period of time and there are no overnight stays. MedExpress Urgent Care is open (7) seven days a week from the 8:00 am to 8:00 pm. MedExpress Urgent Care employs health care practitioners who engage in the general practice of medicine. There are typically 8 employees daily that work a 12 hour shift. Construction of the MedExpress Urgent Care tenant space is anticipated to start in September of 2016 with an opening in December of 2016. If you have any questions or require additional information my contact information is below.

Sincerely,

A handwritten signature in blue ink that reads 'Eric Dietz'.

Eric Dietz
MedExpress
370 Southpointe Blvd., Suite 100
Canonsburg, PA 15317
edietz@medexpress.com
304 282-6096

WE TREAT ILLNESSES AND INJURIES FOR ALL AGES

- Colds, flu and other viral illness
- Bronchitis, pneumonia and asthma
- Ear, throat and sinus infections
- Rashes, poison ivy and allergic reactions
- Nausea, vomiting, diarrhea and dehydration
- Fractures, sprains, strains and dislocations
- Minor surgical procedures and stitches
- Cuts, scrapes and splinters

WELLNESS, PREVENTION AND OTHER MEDICAL SERVICES

- Immunizations
- Flu shots
- School, sport and camp physicals
- Screenings
- X-rays, IVs and labs

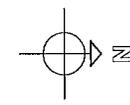
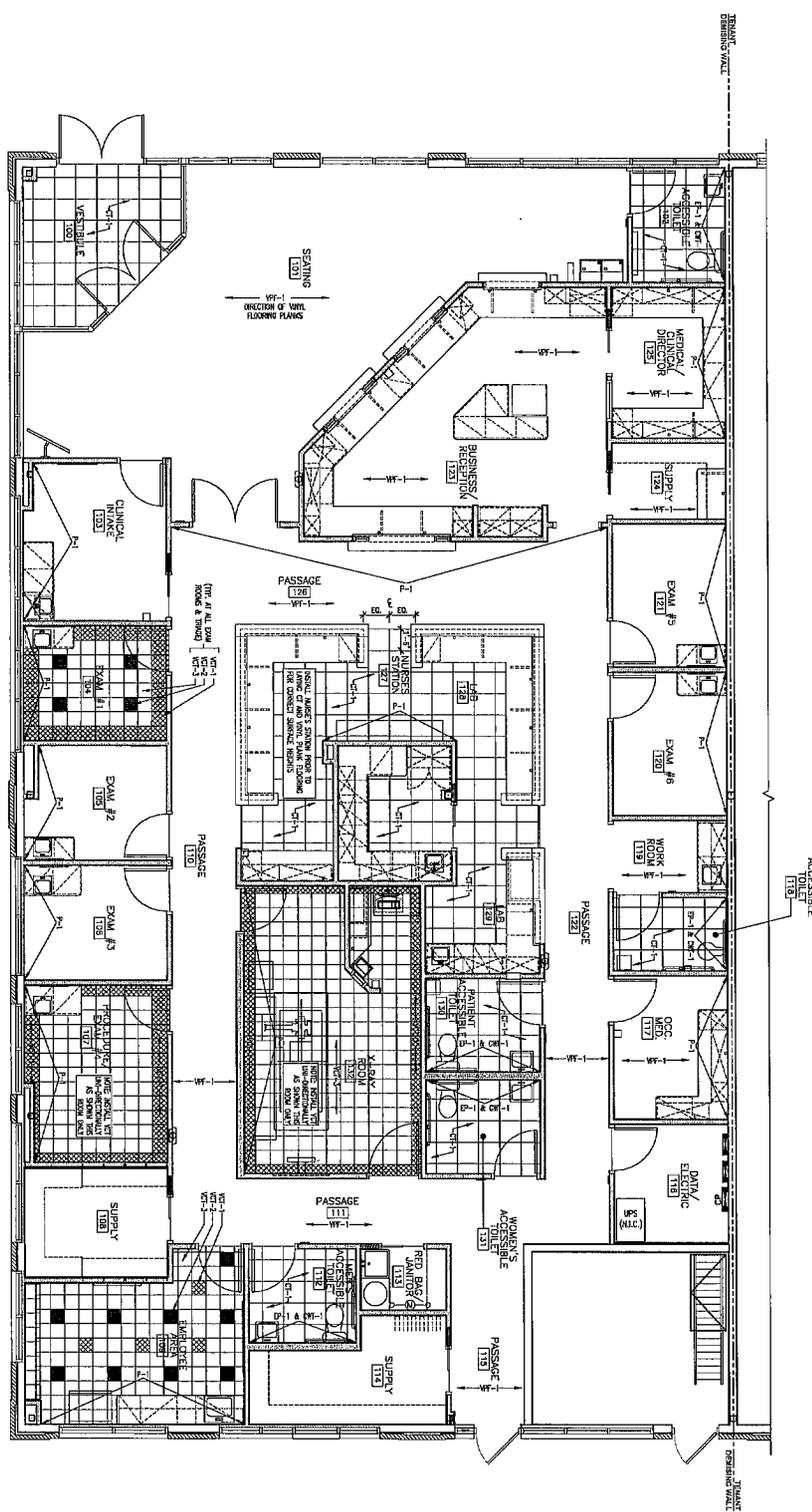
OCCUPATIONAL HEALTH SERVICES

- Employer services
- Urgent care
- Injury care

CONVENIENT

- Open every day
- Most insurance accepted but not required
- Full on-site medical team
- Just walk in





ALL DIMENSIONS AND EXISTING CONDITIONS SHALL BE CHECKED AND VERIFIED BY THE CONTRACTOR IN THE FIELD

SHEET NO. A-5	I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION, OR REPORT WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A DULY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE OF MINNESOTA.		FLOOR & WALL FINISH PLAN R. W. LARSON ARCHITECT <small>MINNESOTA ARCHITECTS ASSOCIATION LICENSE NO. 11252</small> <small>222 1/2 S. 2nd St. St. Paul, MN 55102</small> <small>Phone: 612.291.1212</small> <small>Fax: 612.291.0991</small> <small>Mobile: 612.291.1212</small> <small>www.rwlarch.com</small>	TENANT BUILD-OUT CRUSADER AVENUE & SOUTH ROBERT STREET WEST ST. PAUL, MN 55181 FOR MEDEXPRESS 1751 EARL CORE ROAD MORGANTOWN, WEST VIRGINIA 26505	SHEET NO. A-5
	SIGNATURE: TYPED OR PRINTED NAME: RICHARD W. LARSON DATE:	LICENSE NUMBER: 52758 JOB NO. 16082 DATE JULY 14, 2016 VVA			