CITY OF WEST ST. PAUL

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

MUNICIPAL CENTER 651-552-4100 POLICE 651-552-4200
PARKS/RECREATION 651-552-4150 FIRE 651-552-4176
FAX 651-552-4190 TDD 651-552-4222

CONDITIONAL USE PERMIT APPLICATION

Filing Fee: $275.00

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

TOTAL FEES $800.00

(OFFICE USE ONLY)

CASE NO. 16-
DATE RECEIVED 8/4/16
RECEIPT #
60 DAY DATE 10/3/16

1. STREET ADDRESS OF PARCEL 355 Marie Ave East, West St. Paul MN 55118

2. NAME OF APPLICANT Snyder Health Care Systems Inc. Phone # 651-216-9670

3. ADDRESS OF APPLICANT 1248 Delaware Ave, West St Paul MN 55118 Email cw_tweh@yahoo.com

4. NAME OF OWNER Clarence W. Tweh Sr. Phone # 651-216-9670

5. ADDRESS OF OWNER 3417 Rolling Hills Dr. Eagan MN 55121 Email cw_tweh@yahoo.com

6. LEGAL/PID # 420290005010

7. PRESENT ZONING B2

8. PROPOSED USE OF PARCEL Office space and Adult Day Program

9. ZONING SECTION AUTHORIZING CUP 153.141(K)

10. WHAT WILL BE THE EFFECT OF THE PROPOSED USE ON THE HEALTH, SAFETY, & WELFARE OF THE OCCUPANTS IN THE SURROUNDING PARCELS? The adult day program will provide an alternative community enrichment opportunity for vulnerable adults and seniors in surrounding parcels. There will be no significant change to the facility that could cause negative impact on surrounding parcels

11. WHAT WILL BE THE EFFECT ON EXISTING AND ANTICIPATED TRAFFIC CONDITIONS, INCLUDING PARKING FACILITIES ON ADJACENT STREETS? Any effect on existing traffic should be insignificant as the building has enough parking spaces to accommodate the desire use and anticipated traffic.

12. WHAT WILL BE THE EFFECT OF THE PROPOSED USE ON THE COMPREHENSIVE PLAN? There will be no material structure effect as a result of the proposed use on the comprehensive plan

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

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)	651-216-9670 Phone Number
Signature of Applicant (If different)	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.

Conditional Use Permit Application attachment for Snyder HealthCare Systems Inc. Located at 355 Marie Ave E. West St Paul MN 55118

Snyder HealthCare Systems Inc. plans to operate an Adult Day program at our 355 Marie Avenue East office building in West St Paul. The building will host our office staff of about 8 persons as well as an Adult Day Program which will provide community enrichment opportunities to vulnerable adults and seniors in the city. This program will be license through the Minnesota Depart of Human Services.

The Adult Day Program will have around 5 staff during its day to day operations from Monday through Friday. The building has a total square footage of 5,120.00.

Please let me know if I can be of further assistance.

8/4/16

Clarence W. Tweh Sr.

651-216-9670

355 Marie Ave East

West St Paul MN 55118