

INTERIM USE PERMIT

The Interim Use Permit (IUP) allows for a use for a limited amount of time, after approval of the city, if conditions listed in the ordinance are met.

Applicants must fill out required paperwork and provide all required information.

APPLICATION MUST BE COMPLETED 45 DAYS PRIOR TO ANY EVENTS HELD UPON PUBLIC PROPERTY

Once the application is completed and payment received, a public hearing is scheduled and notice of the said hearing is published in the official newspaper for the City of Ely. The notice of the public hearing must be published at least 10 days prior to the hearing. The public is given the opportunity so submit communication via mail, e-mail, telephone or in person to the Zoning Administrator prior to the public hearing or may appear at the public hearing. The received communications will be presented at the public hearing. The Planning and Zoning Commission will hold the public hearing and make a recommendation to approve or deny the interim use. Conditions may be set by City of Ely department heads and/or the Planning Commission.

Proof of insurance for events must be provided at least 10 days prior to the Event listing the City of Ely as additionally insured.

If a representative of the event fails to appear at the hearing, the permit will be DENIED and application process will start over including submitting another fee.

Any questions may be directed to the Zoning Administrator at 218-365-3224 Ext 3 or pzadmin@ely.mn.us.

Interim Use Permit

City of Ely
209 E Chapman St
Ely, MN 55731
218-365-3224

- Complete this application in ink. Include fee (payable to City of Ely)
- Application must be submitted 45 days prior to events.

APPLICANT INFORMATION:

Applicant _____ Phone No _____

Address _____

E-mail _____

Authorized Representative _____ Phone No _____

Address of affected property(s) _____

Parcel ID Code _____

Legal Description _____

Current Use of Property _____

Proposed Use of Property _____

Zoning District (see city zoning map) _____

DESCRIPTION OF REQUEST _____

REASON FOR REQUEST _____

***Complete Part A for Events held upon Public Property,
Part B for Private Property uses.**

PART A. EVENTS

EVENT NAME _____ Date of Event _____

Number of Participants expected _____

Traffic Control Requested _____

Delineation Equipment (barricades, signs, cones, etc.) _____

Street(s) to be closed: (Map showing route or area to be closed must be attached)

If Event Takes Place More Than One Date and/or Time – Give Details Below			
Day	Date	Start Time	End Time

Insurance Carrier for Event: A certificate of insurance naming the city as an additionally insured must be submitted 10 days before the event. Amount of insurance required is \$500,000 per person and \$1,500,000 per occurrence.

Name of Insurance Carrier _____ Policy Number _____

ORGANIZATION INFORMATION

Name _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

X Signature of Applicant: _____ **Date:** _____

PART B. PRIVATE PROPERTY USES

ALTERNATIVES: what are your alternatives to IUP? Please list up to two alternatives, explaining each and comparing it to your request. (Attach separate sheet of paper if needed.)

Alternative 1: _____

Alternative 2: _____

EFFECT UPON NEIGHBORHOOD AND COMPREHENSIVE PLAN: What effect would the request for IUP have on traffic, public parking; emergency fire, police, or ambulance access; surrounding property values; public health and safety, and welfare in general; or the interest of the Zoning Ordinance and Comprehensive Plan?

TIMEFRAME: What is the projected timeframe request for the USE of the subject property? _____

I hereby certify that I am the owner or authorized agent of the owner of the above property and that all uses will conform with existing state laws and ordinances. I further certify that I will comply with all conditions placed upon this permit should this application be approved. Intentional and unintentional falsification of this application or any attachments thereto will serve to make this application and any resultant permit invalid.

Name of Property Owner (Print) _____

X Signature of Applicant or Agent _____

Date _____

For City Use Only

Date Permit Received _____

Date / Place / Time of Hearing _____

Result of Hearing: Approved _____ Denied _____ Withdrawn on _____

CONDITIONS OF APPROVAL

Insurance Certificate Received _____

DEPARTMENT APPROVALS

Planning and Zoning _____ Date _____

Police Department _____ Date _____

Fire Department _____ Date _____

Public Works _____ Date _____