River Heights City Conditional Use Application

ADDUCANT	Approved Denied
APPLICANT	
Name: Tyler Wolford	
Mailing Address: 1160 WindSor Dr.	
Phone: email:	
Please check one of the following: 🗶 owner _ buyer 🔃	renteragentother
PROJECT INFORMATION	
Name: Poo	
Address/Location: 1160 Wind SOF Dr.	
Property Tax ID: 03-135-021	Existing Zone: $2-1-12$
What is the current use of the property?	
How many employees will be working at this location including ap	plicant, immediate family, and non-
family members? 4-10	
How many vehicles will be coming and going daily, weekly, or mon	ithly?3
I agree to abide by the River Heights City Parking Ordinance (10-14	
I agree to abide by the River Heights City Sign Ordinance (10-16).	Initial
Description of Request: Sulmwing Pool	Fenced in.
automatic cover (locked).	, , , , , , , , , , , , , , , , , , , ,
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SUBMITTAL REQUIREMENTS	
Completed and signed application form	
\$100 application fee	
8 ½ x 11 copy of plans	
$\frac{1}{ \mathcal{V} }$ Provide a Fire Protection evaluation from the fire department	ent.



