



CONDITIONAL USE PERMIT APPLICATION
 Department of Planning and Economic Development
 Zoning Section
 1400 City Hall Annex
 25 West Fourth Street
 Saint Paul, MN 55102-1634
 (651) 266-6589

Zoning Office Use Only
 File #: _____
 Fee: _____
 Tentative Hearing Date:
5-14-15

PD=3
 062822410050 et al

APPLICANT

Name Tony J. Kuechle Email tkuechle@sherman-associates.com
 Address 233 Park Ave. South, Suite 201
 City Minneapolis State MN Zip 55415 Daytime Phone 612.604.0852
 Name of Owner (if different) St. Paul HRA
 Contact Person (if different) Jonathan Sage-Martinson Phone 651.266.6628

PROPERTY LOCATION

Address/Location Intersection of Fillmore Ave. E. and Livingston Ave.
 Legal Description Block: 3, Plat: Bazil and Robert's Addition to West St. Paul, County of Dakota, Territory of Minn.
 Lot: Outlot Plat: Riverview Office Addition Current Zoning T3M
 (attach additional sheet if necessary)

TYPE OF PERMIT: Application is hereby made for a Conditional Use Permit under provisions of
 Chapter 61, Section 61.501, Paragraph 1, of the Zoning Code.

SUPPORTING INFORMATION: Explain how the use will meet all of the applicable standards and conditions. If you are requesting modification of any special conditions or standards for a conditional use, explain why the modification is needed and how it meets the requirements for modification of special conditions in Section 61.502 of the Zoning Code. Attach additional sheets if necessary.

The building height increased for the following reasons:

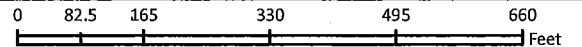
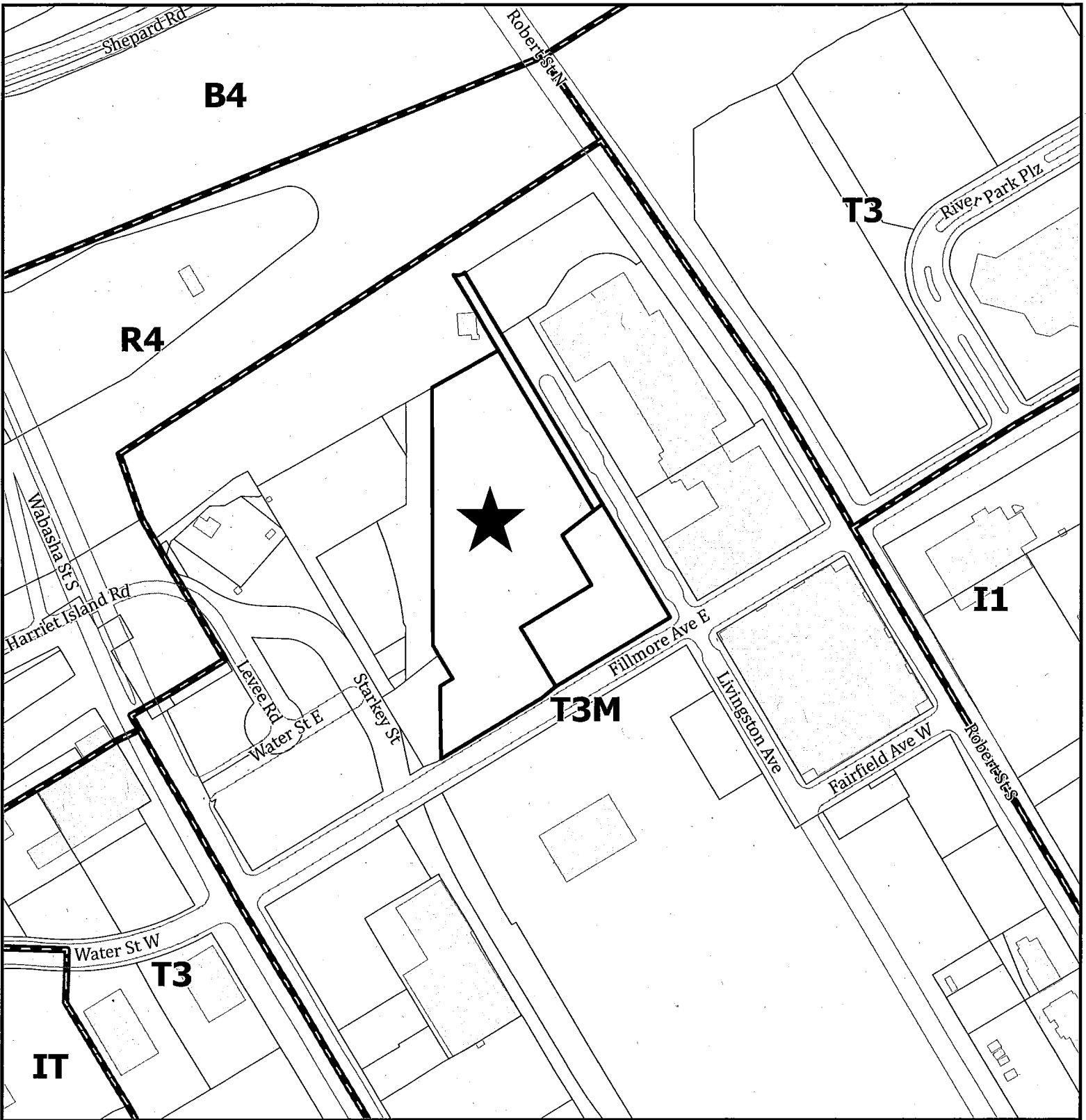
1. Due to below grade parking requirement for market rate housing.
2. To activate the first floor retail so as to communicate with the community as a whole.
3. The restaurant use will require taller ceilings for mechanical clearances.
4. Extraordinary efforts and care was taken during design on the fenestrations and stepping back the building to reduce the impact of the building height on the waterfront.

Conditional use permit for modification in height restriction in a T3(M) district

RECEIVED
APR 23 2015
 BY: _____

Required Site Plan is attached

Applicant's Signature [Signature] Date 4/23/2015 City Agent add 4/23/15



APPLICANT: Sherman Associates

APPLICATION TYPE: _____

FILE #: To Be Assigned DATE: 4/27/2015

PLANNING DISTRICT: _____

ZONING PANEL: _____

ENS

- R4 One-Family
- T3 Traditional Neighborhood
- T3M T3 with Master Plan
- B4 Central Business
- IT Transitional Industrial
- I1 Light Industrial

