



**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	3-2-17

PD=14

#032823420014

**APPLICANT**

Name	At Home Apartments, LLC	Attn:	Leanna Stefaniak
Address	616 Lincoln Avenue		
City	St. Paul	St. MN zip	55102
Daytime Phone	651-294-3283		
Name of Owner (if different)	JSK Limited Partnership		
Contact Person (if different)	Leanna Stefaniak	Phone	651-294-3283

**PROPERTY LOCATION**

Address / Location	39 Syndicate St. S.
Legal Description	Please See Attached
Current Zoning	RM2
(attach additional sheet if necessary)	

**TYPE OF PERMIT:** Application is hereby made for a Conditional Use Permit under provisions of Chapter 46, Section 331, Paragraph f 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.

Please See Attached:

**FEB 3 2017**

Required site plan is attached

Applicant's Signature Leanna Stefaniak Date 2/8/17 City Agent pdh  
2-9-17



**CONDITIONAL USE PERMIT APPLICATION**

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Zoning office use only	
File #	
Fee	
Tentative Hearing Date	

PD = 14  
3-2-17  
#032823420013

**APPLICANT**

Name	At Home Apartments, LLC			Attn:	Leanna Stefaniak
Address	666 Lincoln Avenue				
City	St. Paul	St.	MN	zip	55102
				Daytime Phone	651-294-3283
Name of Owner (if different)	Grand Heritage Properties, LLC				
Contact Person (if different)	Leanna Stefaniak			Phone	651-294-3283

**PROPERTY LOCATION**

Address / Location	45 Syndicate St. S.		
Legal Description	Please See Attached.		
		Current Zoning	TI
(attach additional sheet if necessary)			

**TYPE OF PERMIT:** Application is hereby made for a Conditional Use Permit under provisions of Chapter 66, Section 331, Paragraph f 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.

Please See Attached.

**FEB 3 2017**

Required site plan is attached

Applicant's Signature [Signature] Date 2/8/17 City Agent [Signature]

2-9-17



**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	3-2-17

PD=14  
# 032823420015

**APPLICANT**

Name At Home Apartments, LLC Attn: Leanna Stefaniak  
 Address 666 Lincoln Avenue  
 City St. Paul st. MN zip 55102 Daytime Phone 651.294.3283  
 Name of Owner (if different) JSK Limited Partnership  
 Contact Person (if different) Leanna Stefaniak Phone 651.294.3283

**PROPERTY LOCATION**

Address / Location 33 Syndicate St. S.  
 Legal Description Please See Attached.  
 Current Zoning OS  
 (attach additional sheet if necessary)

TYPE OF PERMIT: Application is hereby made for a Conditional Use Permit under provisions of Chapter 66, Section 331, Paragraph f of the Zoning Code.

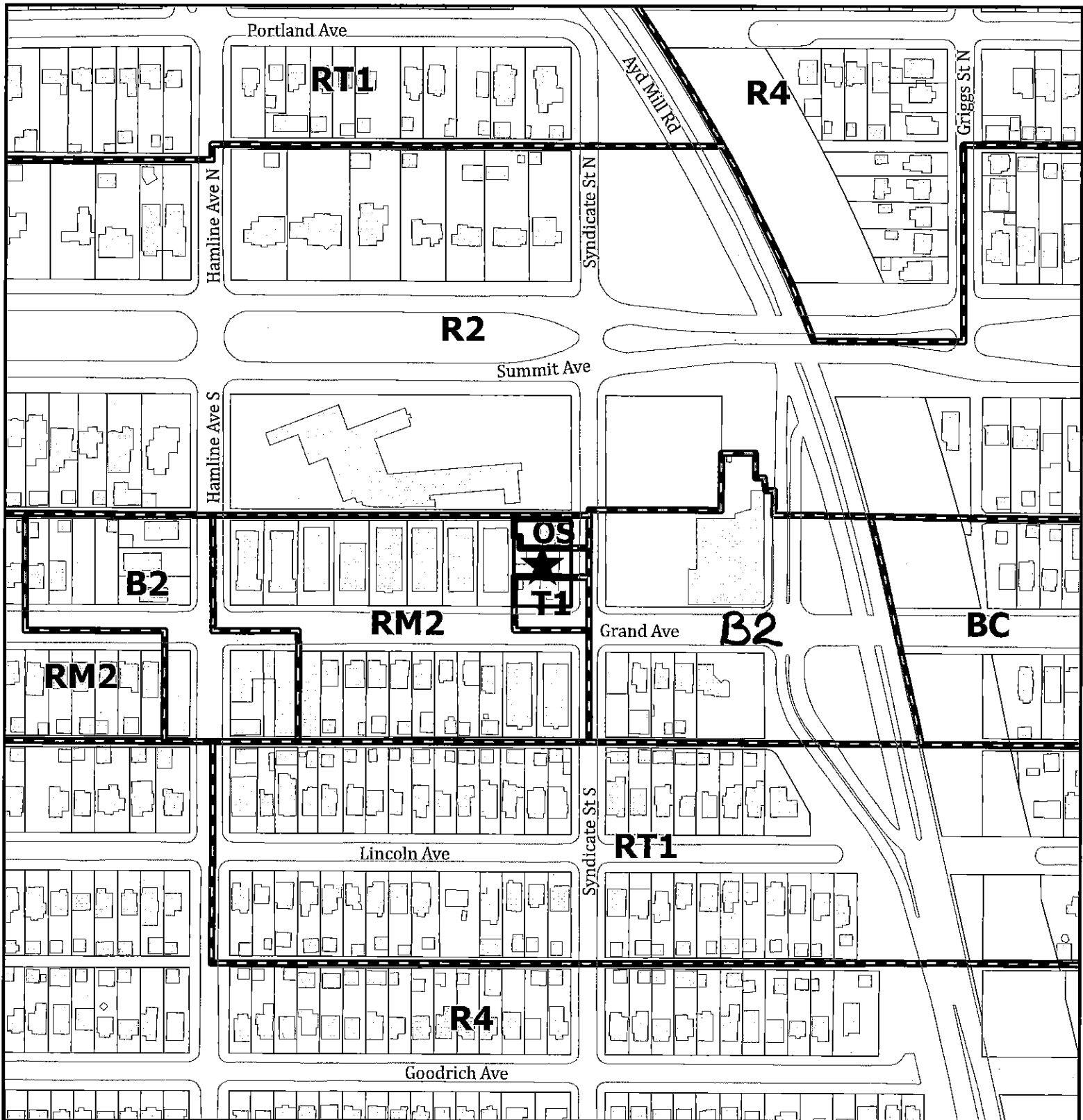
SUPPORTING INFORMATION: Explain how the use will meet all of the applicable standards and conditions. If you are requesting modification of any special conditions or standards for a conditional use, explain why the modification is needed and how it meets the requirements for modification of special conditions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

Please See Attached.

**FEB 9 2017**

Required site plan is attached

Applicant's Signature [Signature] Date 2/8/17 City Agent [Signature]  
 2-9-17



APPLICANT: At Home Aprtments

APPLICATION TYPE: \_\_\_\_\_

FILE #: To Be Assigned      DATE: 2/10/2017

PLANNING DISTRICT: \_\_\_\_\_

ZONING PANEL: \_\_\_\_\_

**ENS**

- R2 One-Family
- R4 One-Family
- RT1 Two-Family
- RM2 Multiple-Family
- T1 Traditional Neighborhood
- OS Office-Service
- BC Community Business (converted)
- B2 Community Business

