



4141 Douglas Drive North, Crystal, MN 55422-1696
Telephone: (763) 531-1000 / Facsimile: (763) 531-1188

www.crystalmn.gov

CITY of CRYSTAL

BUSINESS INFORMATION FORM

Thank you for your interest in the City of Crystal. Please complete this form and send it to City of Crystal, 4141 Douglas Dr N, fax it to 763.531.1188 or email it to jason.zimmermann@crystalmn.gov.

The city will reply with a letter containing information about City reviews, permits or other approvals that may be needed for your proposed use. Please provide as much detail as possible so that we can provide you with the most thorough guidance possible.

If applicable, West Metro Fire-Rescue District will provide comments to you in a separate letter.

YOUR CONTACT INFORMATION

Contact Name: _____ Contact Phone: _____

Contact Email: _____

Please check here if you want us to send you the response letter by U.S. Mail, and write your mailing address here: _____

YOUR PROPOSED BUSINESS / ACTIVITY

Name and description of proposed business / activity - please be as detailed as possible, and attach site plans, sketches, photos or other information to help us better understand the proposed use:

Address of proposed business/activity: _____

How is this space currently being used? _____

STAFF USE ONLY

| | | | |
|--|--|---|--|
| <i>Involved staff:</i> | <i>Is review required?</i> | <i>Involved staff:</i> | <i>Is review required?</i> |
| <input type="checkbox"/> City Clerk | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Planner | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Public Works Director | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Building Official | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Police Chief | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Health _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> West Metro Fire-Rescue District (will send comments in a separate letter) | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Intake Date: _____

City staff: Please email comments to jason.zimmermann@crystalmn.gov ASAP but no later than two business days from the intake date.