

River Heights City Conditional Use Application

For office use	
Date Received:	<u>2/10/25</u>
Hearing Date:	<u>2/25/25</u>
Amount Paid:	_____
Approved	_____ Denied _____

APPLICANT

Name: David Thunell, Total Tree Care

Mailing Address: 529 E 400 S

Phone: _____ email: _____

Please check one of the following: owner buyer renter agent other

PROJECT INFORMATION

Name: Old River Heights Elementary School

Address/Location: 420 S 500 E

Property Tax ID: 02-022-0007 Existing Zone: parkes/rec

What is the current use of the property? _____

How many employees will be working at this location including applicant, immediate family, and non-family members? 1-2

How many vehicles will be coming and going daily, weekly, or monthly? 0-1

I agree to abide by the River Heights City Parking Ordinance (10-14). Initial DT

I agree to abide by the River Heights City Sign Ordinance (10-16). Initial DT

Description of Request: _____

Use of a vacant classroom in the old school as an office; clients/
customers of the business will not be given the office address or
come to this office.

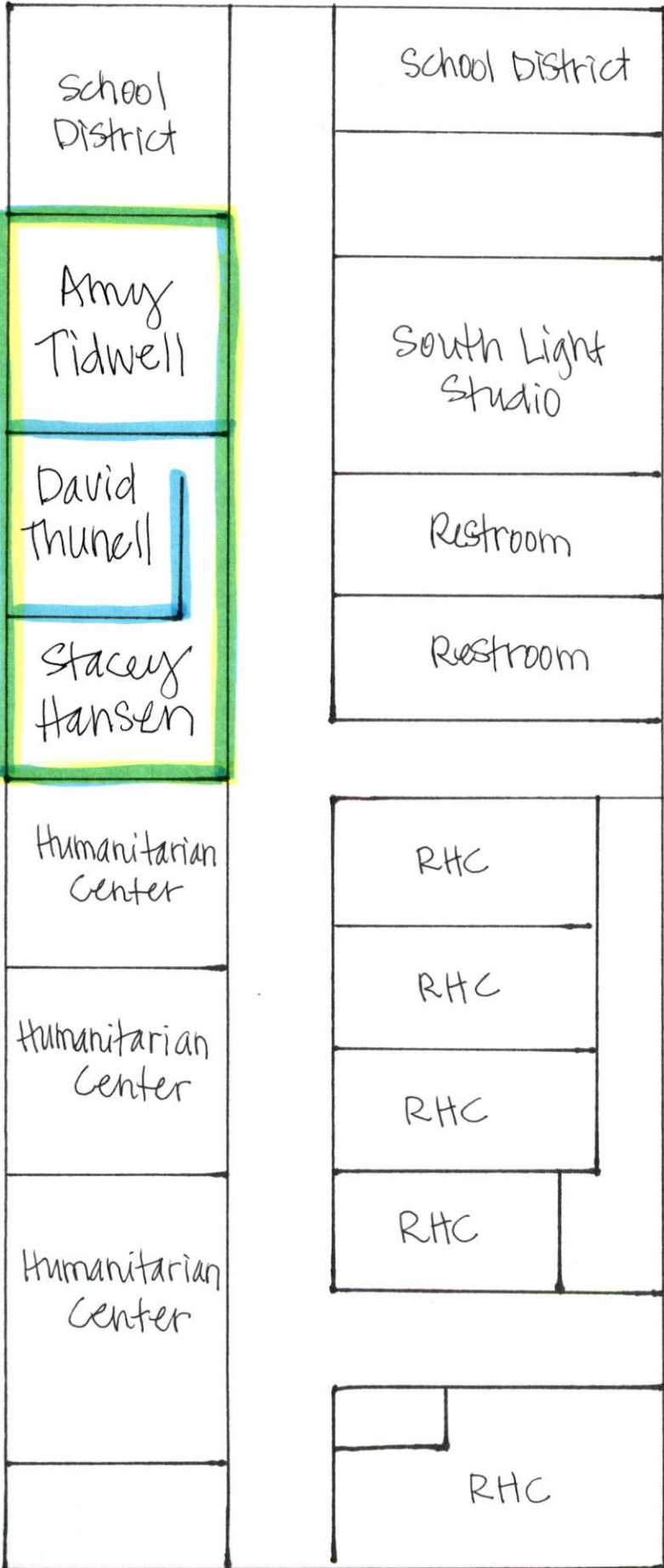
SUBMITTAL REQUIREMENTS

Completed and signed application form

\$100 application fee ck #2160

8 1/2 x 11 copy of plans

Provide a Fire Protection evaluation from the fire department.



River Heights
Old School

400 South

500 East