

Permit # \_\_\_\_\_

# PLANNING ADMINISTRATIVE FORM

Chisago County Department of Environmental Services

Recording Fee \_\_\_\_\_

Base Fee \_\_\_\_\_

Wetland or Septic Fees \_\_\_\_\_

Plat Compliance Fee \_\_\_\_\_

TOTAL FEE \_\_\_\_\_

Street Location \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Legal Description \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Applicant (if other than owner) \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Type of Request: Variance  Preliminary Plat

Administrative Appeal  Administrative Permit

Conditional Use Permit  Ordinance Amendment   
(or amendment to CUP)

Interim Use Permit  Rezoning   
(or amendment to IUP)

Applicable section of ordinance: \_\_\_\_\_

Description of request: \_\_\_\_\_

If Variance Application, Brief Description of Practical Difficulty \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge, and that any knowingly false representations may invalidate any approvals. With my signature, I also grant permission to Chisago County Officials to enter upon the subject property for the purpose of such inspections as may be necessary.

Date Received \_\_\_\_\_

Date Complete \_\_\_\_\_

60 / 120 Day Review Period

Date of Public Hearing: \_\_\_\_\_

**TOWNSHIP PRESENTATION FORM**

Street Location \_\_\_\_\_

Legal Description \_\_\_\_\_

Owner Name \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Applicant: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_  
(if other than owner)

Address: \_\_\_\_\_

<b>Type of Request:</b>	Variance <input type="checkbox"/>	Preliminary Plat <input type="checkbox"/>
	Administrative Appeal <input type="checkbox"/>	Administrative Permit <input type="checkbox"/>
	Conditional Use Permit <input type="checkbox"/> <small>(or amendment to CUP)</small>	Rezoning <input type="checkbox"/>
	Interim Use Permit <input type="checkbox"/>	Ordinance Amendment <input type="checkbox"/>

Description of Request: \_\_\_\_\_

Date of County Public Hearing: \_\_\_\_\_

Date of Township Presentation: \_\_\_\_\_

**TOWNSHIP ACTION TAKEN**

Approved  Denied

Reasons and Conditions: \_\_\_\_\_

Signature of Township Officers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# SCHEDULE OF REQUIRED MEETINGS

*Zoning Department will fill out this form for you at the time of your application*

To the applicant:

It will be necessary for you to attend several meetings in conjunction with your application. The meetings will be held at the places and times listed below. Questions or conflicts contact Beth Gervais at 651-213-8379 or beth.gervais@chisagocountymn.gov.

## CUP-IUP / PRELIMINARY PLAT / VARIANCE TECHNICAL REVIEW COMMITTEE MEETING

(You only need attend this meeting if deemed necessary by Staff and noted in the space immediately below.)

DATE: \_\_\_\_\_ Time: \_\_\_\_\_

LOCATION: Small conference room, Department of Environmental Services, Room 240

## TOWNSHIP BOARD MEETING

TOWNSHIP HALL LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_ Time: \_\_\_\_\_

## BOARD OF ADJUSTMENT MEETING OR PLANNING COMMISSION MEETING

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION: County Board Room, Room 160, Lower level of Government Center

## COUNTY BOARD OF COMMISSIONERS

(Not applicable to Variance Applications and Appeals ~ PC applicants this is an optional meeting)

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION: County Board Room, Room 160, Lower level of Government Center

# **AUTHORIZATION TO PURSUE APPLICATION**

*Submittal of this form is only necessary if the applicant is NOT the landowner*

I, the undersigned, being the property owner of record as noted on the accompanying PLANNING ADMINISTRATIVE FORM do hereby authorize \_\_\_\_\_, the applicant for this planning proposal, to pursue this zoning application on my property, as legally described on the attached application.

\_\_\_\_\_  
Print Owner's Name

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date