

VARIANCE, CONDITIONAL USE, AND REZONING APPLICANTS

There is no guarantee when applying for a Variance, Conditional Use, or Rezoning Permit!

All applications for a Variance, Conditional Use, or Rezoning permit must be accompanied with two (2) checks, one issued to Aitkin County Zoning for \$600.00, and one issued to the Aitkin County Recorder for \$46.00.

The required fees are **VARIANCE= \$600; CONDITIONAL USE= \$600; REZONING= \$600.**

This fee does not include any building permit fees and is non-refundable if denied!!

The items below are also **required** by the Aitkin County Zoning Office. **APPLICANT MUST SUBMIT ELEVEN (11) COPIES OF ALL MATERIALS LISTED BELOW. IF THESE ITEMS ARE NOT RECEIVED YOUR APPLICATION WILL NOT BE PROCESSED. THE PLANNING & ZONING DEPARTMENT WILL NOT MAKE COPIES FOR THE APPLICANT! PUD'S AND SUBDIVISIONS REQUIRE 15 COPIES OF ALL MATERIALS.**

1. Supplemental Data Sheet – All sections are to be completed. **(11 copies)**
2. A signed and completed Zoning Permit Application. (DO NOT NEED 11 COPIES OF ZONING PERMIT APPLICATION)
3. **A SCALED DRAWING (1"=20')**. The drawing should show your lot dimensions, structure sizes and locations including neighboring structures, septic tank and drainfield locations and the date of installation (if known), location and depth of all wells within 100 feet of the property; setback distances to lot lines, road right-of-ways, the ordinary high water level of lakes or rivers. *The drawing should also indicate any unique topographical features of the property (wetlands, bluffs, etc.), that may affect the variance or conditional use permit.* Please include a north directional arrow. ***If a larger scale is needed to show all information, obtain prior approval from the Zoning Office!*** **(11 copies)**

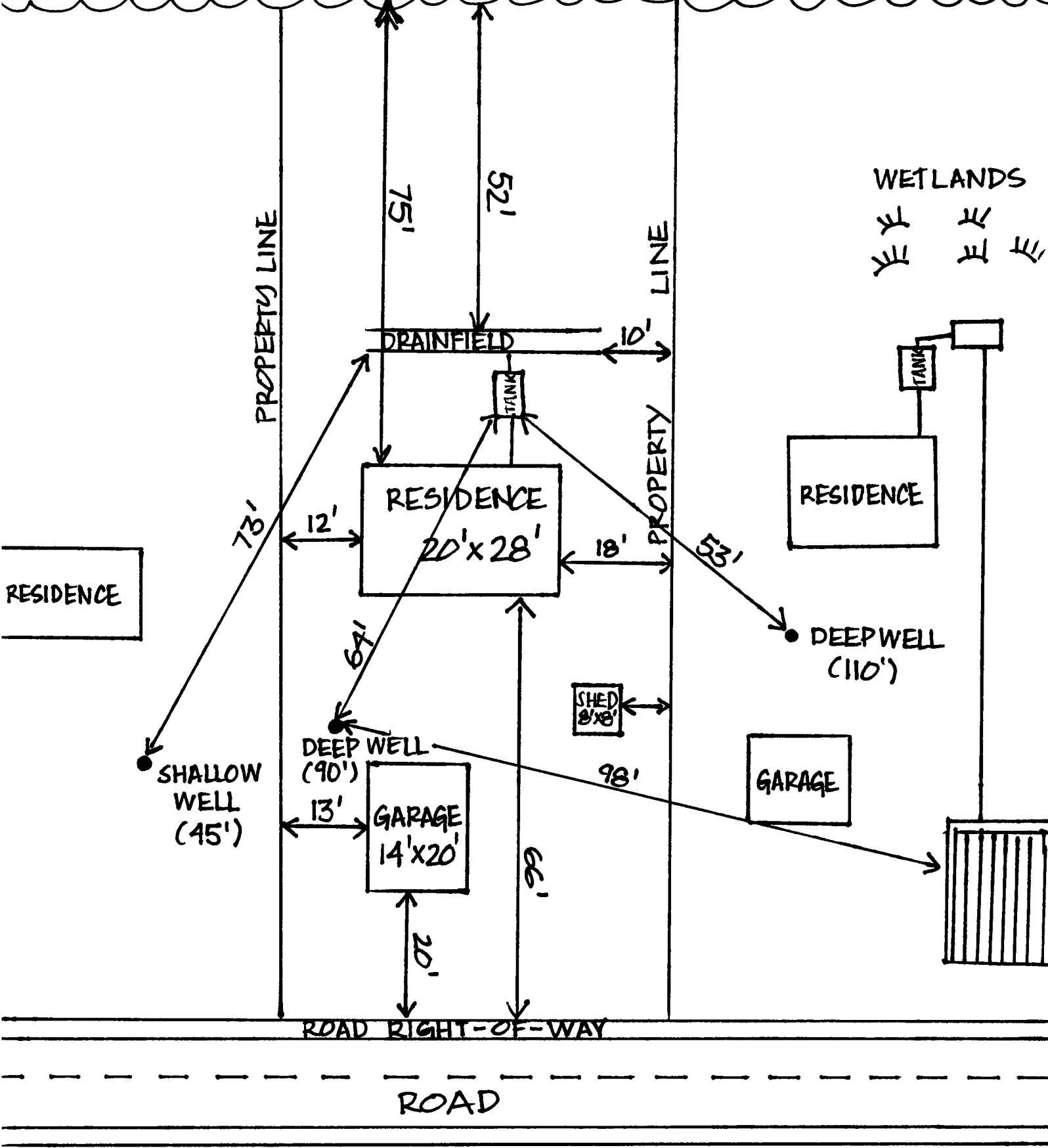
**** A REGISTERED SURVEY MAY BE REQUIRED TO VERIFY THE ACCURACY OF THE SUBMITTED INFORMATION BEFORE GRANTING OF THE VARIANCE. ****
*****Registered surveys are required if road or property line setbacks are not met***(11 copies)**
4. A certificate of compliance may be required on the Individual Sewage Treatment System if adequate records are not available and if the Planning and Zoning Office is unable to determine if the system is in compliance per Minnesota State Rules Chapter 7080 and Aitkin County Ordinance. **(11 copies)**
5. A copy of your deed must also be submitted with your application. (You may obtain one at the Recorder's office 218-927-7336). **(11 copies)**
6. The property must be completely staked including all corners of your lot, all corners of the proposed structure(s) and the septic system location and the 911 address at the end of the driveway.
7. **Specific** directions to your property must be submitted with your application. The 911 address must be staked at the end of the driveway. **It is the applicant's responsibility to provide accurate directions to the property. Failure to submit accurate directions could result in the tabling of the application until a later date!** **(11 copies)**
8. **Shoreland Performance Standards and Erosion Control Plan-mandatory!** The Soil and Water Conservation District may be contacted for this at 218-927-6565 or our office can help you fill it out. **(11 copies)**

Submittal of the above materials does not always constitute a complete application. Other information may be necessary to complete the application based on the type of request and onsite inspection.

You will receive notice of the meeting date; please plan to attend or have a representative attend this meeting.

****REFER TO THE BACK OF THIS PAGE FOR A SAMPLE DRAWING****

LAKE, RIVER, RESEVOIR, STREAM OR PROPERTY LINE



SCALE 1" = 20'

LOT = 55' X 160'

CONDITIONAL USE PERMIT/VARIANCE/REZONING APPLICATION

APPLICATION DATE _____ MEETING DATE _____
60-DAY EXPIRATION DATE _____

(MEETING MUST OCCUR BEFORE THIS DATE, UNLESS WRITTEN EXTENSION OF THE 60-DAY TIME PERIOD IS MADE.
WRITTEN EXTENSION MUST BE MADE PRIOR TO THE EXPIRATION OF THE FIRST 60-DAY TIME PERIOD)

FULL NAME _____ TELE # _____

MAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

911 ADDRESS OF PROPERTY _____

CITY _____ STATE _____ ZIP _____

TOWNSHIP _____

LEGAL DESCRIPTION _____

SECTION _____ TOWNSHIP _____ RANGE _____

(circle) RESIDENTIAL COMMERCIAL ACCESSORY NEW BUILDING ALTERATION

SIZE OF ALL BUILDINGS COVERED BY THIS APPLICATION:

COMMENTS: _____

OFFICE USE ONLY			
DATE _____	APPROVE / DENY		
PERMIT# _____			
PARCEL# _____			
RECEIPT# _____			
CONFORMING SEPTIC			
YES	P#	NO	NEW

The undersigned hereby makes application for permit to construct as herein specified, agreeing to do all such work in strict accordance with the Ordinances of the County of Aitkin, Minnesota; Minnesota Individual Sewage Disposal Code Minimum Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Natural Resources. Applicant agrees that plot plan, sketches and specifications submitted herewith and which are approved by the Zoning Official, shall become a part of the permit.

X _____
SIGNATURE APPLICANT/AGENT

-----DO NOT WRITE BELOW THIS LINE-----

ZONING DISTRICT & FLOOD PLAIN

ZONING DISTRICT _____

LAKE/STREAM RIVER NAME _____

LAKE/RIVER ID NUMBER _____

LAKE/RIVERSTREAM CLASSIF. _____

PARCEL LOCATED IN FLOOD PLAIN? Y ___ N ___

10/100-YR. FLOOD ELEVATION _____

LOWEST FLOOR ELEVATION _____

ELEV. CERTIFICATE REQUIRED Y ___ N ___

BEFORE CONSTRUCTION Y ___ N ___

AFTER CONSTRUCTION Y ___ N ___

STRUCTURE SETBACK DISTANCE REQUIREMENTS

(Measure from eaves or overhang)

OHW TO LAKE/RIVER/STREAM _____

PROPERTY LINE SETBACK (10-ft. / 20-ft.) _____

SETBACK TO ROAD R-O-W (30-ft. Twp. / 50-ft. Co., State, Fed.)

SETBACK TO BLUFF (30-ft.)

SEPTIC SYSTEM SETBACK DISTANCES

SETBACK TO STRUCTURES - 10-FT. TANK / 20-FT. DRAIN FIELD

OHW TO LAKE/RIVER _____

PROPERTY LINE SETBACK 10-ft. _____

SETBACK TO ROAD R-O-W 10-ft. _____

EXPIRES IN ONE YEAR • Aitkin County Zoning

Courthouse - 209 2nd St. NW. Room 100 • Aitkin, Minnesota 56431 \$ _____

Telephone 218/927-7342

FEE

RECEIVED BY

DATE

AITKIN COUNTY ZONING
Supplemental Data for Conditional Use Permit

Permit #
Parcel #

A. GENERAL DATA

NAME OF APPLICANT _____

The above named individual, firm or corporation hereby respectfully submits the following supplemental data in support of the preliminary information provided on the accompanying Zoning Permit Application for the purpose of a securing a conditional use permit.

Name of Contact Person:

Last	First	M.I.	Day Phone #	Evening Phone #
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B. PROJECT INFORMATION

1. Specify the section of the ordinance which applies to this project: _____

2. Brief narrative of this request: _____

3. Written justification for request including discussion of how any potential conflicts with existing nearby land uses will be minimized:

4. Attach a detailed operation plan.

5. Check all additional supporting documents and data which are being submitted to help explain this project proposal:

- | | | |
|--|--|--|
| <input type="checkbox"/> Sketch plan | <input type="checkbox"/> Topographic map | <input type="checkbox"/> Detailed narrative |
| <input type="checkbox"/> Operation Plans | <input type="checkbox"/> Engineering plans | <input type="checkbox"/> Flood proofing plans & specifications |
| <input type="checkbox"/> Other (specify) _____ | | |

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge:

Signature of Applicant/Landowner

Date

