

## Board of County Commissioners Agenda Request



Requested Meeting Date: January 23, 2024

Title of Item: Appointment for District 2 Board of Adjustment Action Requested: Direction Requested REGULAR AGENDA Approve/Deny Motion Discussion Item CONSENT AGENDA Adopt Resolution (attach draft) Hold Public Hearing\* INFORMATION ONLY \*provide copy of hearing notice that was published Submitted by: Department: Andrew Carlstrom Planning & Zoning **Estimated Time Needed:** Presenter (Name and Title): Andrew Carlstrom, Environmental Services Director 5 minutes Summary of Issue: In accordance with Section 10 of the Aitkin County Zoning Ordinance, I am requesting the appointment of Mr. Tom Veenker to the Board of Adjustment for District 2 in Aitkin County. Tom has served faithfully and has been a very valuable member of the Board of Adjustment since 2022. There were no other applications received for this position. Please see attached application. Alternatives, Options, Effects on Others/Comments: Motion to deny Tom Veenker as District 2 representative on the Board of Adjustment Recommended Action/Motion: Motion to approve the appointment of Tom Veenker as District 2 representative on the Board of Adjustment **Financial Impact:** Is there a cost associated with this request? What is the total cost, with tax and shipping? \$ 1050.00 Is this budgeted? No Please Explain:

## MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SER	VE ON:
BOARD OF ADJUS	TMENT
AITKIN COUNTY COMMISSIONER DISTRICT _Z_	
Minnesota Statues 15.0597, state that the application shall include qualifications and any other information the nominating person feels community service experience, or education that would be pertinen	s be helpful to the appointing authority." (May include employment,
FORMER AITKIN COUNT	Y SURVEYOR
	WEALTHWOOD TOWN BOARD
FORMER OWNER - CONS.	
I, the undersigned, hereby state that I satisfy, to the best of no position sought.  homes A. Leenber	ny knowledge, all legally prescribed qualifications for the
Signature of Applicant	Date 7 20 23
If applicant is being nominated by another person or group, t	he above signature indicates consent to nomination.
s this application submitted by appointing authority?	Yes No
s this application submitted at the suggestion of appointing a	authority? Yes No
	County Administrator's office, located at om 310, Aitkin, MN 56431
NAME OF APPLICANT: Thomas H	Veenker
STREET ADDRESS OF APPLICANT:	PHONE NUMBERS:
38211 ST. HWY. 18	DAYS 218-678-3792
AITKIN, MN 56431	EVENINGS 10 10
For Office Use Only	and the second s
Date Appointed: Date of Term Expiration:	Term #: