



# Chisago County Department of Environmental Services Planning & Zoning Application

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

Township \_\_\_\_\_ S/T/R \_\_\_\_\_ PID# \_\_\_\_\_

Project Address \_\_\_\_\_

Property Owner(s) \_\_\_\_\_

Mailing Address (If Different from Project Address) \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

Applicant(s) \_\_\_\_\_

Mailing Address (If Different from Project Address) \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

**Type of Request** (Check All That Apply)

**Board of Adjustment & Appeals**

- Variance
- Administrative Appeal

**Planning Commission**

- Conditional Use Permit (CUP)
- Interim Use Permit (IUP)
- Amendment to CUP or IUP

- Preliminary Plat
- Rezoning
- Ordinance Amendment

**Description of Request** (Attach Separate Sheet if Necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Required Attachments** (Additional Attachments May Be Required Based On The Specific Request)

- Full Legal Description
- Detailed Site Plan
- Detailed Written Narrative
- Plat Drawings

**Applicant Signature**

**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.*

Fees		Dates	
Base Fee	\$ _____	Application Received	_____
Recording Fee	\$ _____	Application Complete	_____
Plat Fee – No Road(s) / With Road(s)	\$ _____	60 / 120 Day Review Period	_____
Septic Compliance Fee	\$ _____	Extended Review Period	_____
Wetland Fee	\$ _____		
TOTAL FEE	\$ _____		



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## Township Presentation Form

Township \_\_\_\_\_ S/T/R \_\_\_\_\_ PID# \_\_\_\_\_

Project Address \_\_\_\_\_

Property Owner(s) \_\_\_\_\_

Mailing Address (If Different from Project Address) \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

Applicant(s) \_\_\_\_\_

Mailing Address (If Different from Project Address) \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

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Description of Request (Attach Separate Sheet if Necessary) \_\_\_\_\_

### Applicant Signature

### 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 of County Public Hearing \_\_\_\_\_

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

### Township Action Taken (Township Use Only)

- Recommendation of Approval
- Recommendation of Denial

### Recommended Conditions of Approval OR Legal Findings for Recommendation of Denial

### Signatures of Township Officials or Authorized Personnel

\_\_\_\_\_  
\_\_\_\_\_



**Chisago County Department of Environmental Services  
Planning & Zoning Application**

**Authorization to Pursue Application**

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

I, the undersigned, being the property owner of record as noted on the accompanying Planning & Zoning Application Form do hereby authorize \_\_\_\_\_, the applicant for this planning proposal, to pursue this zoning application on / for my property, as legally described on the attached application.

\_\_\_\_\_  
**Print Property Owner Name(s)**

\_\_\_\_\_

\_\_\_\_\_  
**Signature(s) of Property Owner(s)**

\_\_\_\_\_

\_\_\_\_\_  
**Date**



# Chisago County Department of Environmental Services Planning & Zoning Application

## Schedule of Required Meetings

Applicants – It will be necessary for you or your representative to attend several meetings in conjunction with your application. The meetings will be held at the places and times listed below. Questions can be directed to Land Services Coordinator Beth Gervais at 651-213-8379 or [beth.gervais@chisagocountymn.gov](mailto:beth.gervais@chisagocountymn.gov).

***Office Use Only – Staff will complete this section at time of application submittal***

### Technical Review Committee Meeting

Meeting Date \_\_\_\_\_ Meeting Time \_\_\_\_\_

Location Government Center, Department of Environmental Services, Suite 240 Conference Room

### Town Board Meeting

Meeting Date \_\_\_\_\_ Meeting Time \_\_\_\_\_

Location \_\_\_\_\_

### Board of Adjustment and Appeals Meeting or Planning Commission Meeting

Meeting Date \_\_\_\_\_ Meeting Time \_\_\_\_\_

Location Government Center, County Board Room / Room 160A, Lower Level of Government Center

### County Board of Commissioners Meeting

Tentative Meeting Date \_\_\_\_\_ Meeting Time \_\_\_\_\_

Location Government Center, County Board Room / Room 160A, Lower Level of Government Center