

# PLANNING ADMINISTRATIVE FORM

Chisago County Department of Environmental Services

Recording \_\_\_\_\_

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

Wetland fees \_\_\_\_\_

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

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

**60 Day Deadline:**

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 <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>	Ordinance Amendment <input type="checkbox"/>
	Interim Use Permit <input type="checkbox"/> <small>(or amendment to IUP)</small>	Rezoning <input type="checkbox"/>

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.

**60 Day Deadline  
(If Application is Complete)**

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

Questions? Contact Jessica Jagoe at 651-213-8379, or [jessica.jagoe@co.chisago.mn.us](mailto:jessica.jagoe@co.chisago.mn.us)

**TOWNSHIP PRESENTATION FORM**

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

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

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

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

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

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

Type of Request:	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"/> <small>(or amendment to IUP)</small>	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 may be addressed to Jessica Jagoe in this Department, at 213-8379.

## 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 –  
If so, you will receive an itemized agenda prior to your meeting)

DATE: \_\_\_\_\_ Wednesday, \_\_\_\_\_ Time: \_\_\_\_\_ Start time 9:00 a.m.  
I will send your detailed agenda the week  
prior to this meeting, with your start 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: Meeting Room 150B - lower floor County Government Center, Center City, MN

## COUNTY BOARD OF COMMISSIONERS

This meeting is not applicable to Variance Applications and Appeals. PC applicants this is an optional meeting –  
Staff will advise you if your attendance is suggested – be aware that members of the public or nearby property owners who may be interested  
in your application will be permitted to offer comment on it during Citizen's Forum.

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

LOCATION: County Board Room, Room - 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