SUMMARY OF PLANNING ADVISORY COMMISSION PROCEDURES

Step 1. Request application and discuss circumstances with staff.

Step 2. File application by the above-noted deadline this must include <u>all</u> of the following:

- a. A completed application form with the required filing fee;
- b. A full, recordable property description (Attached as exhibit "A")
- c. A complete site sketch listing all applicable distances, setbacks or other necessary measurements;
- d. When the septic system of the parcel on which the request was made is located within the shoreland overlay district, a septic system certification must be completed. (Note: Noncompliant septic systems are required to be upgraded regardless of the outcome of proceedings).
- e. Township Signature
- f. Other supporting documentation as required by staff.

Step 2A. Required submittals for Zoning District Changes:

- a. Certificate of Suvey drawn to scale (if parcel(s) cannot be decribed as a Quarter, Quarter of a Section). Such survey shall include:
 - 1. Be prepared and signed by a MN Licensed Land Surveyor
 - 2. Affected parcel identification numbers
 - i. Indicate if the proposed area is a split and/or combination
 - 3. Any improvements such as buildings, fences, roads, driveways, etc. within 200 feet of the proposed boundary of the area to be rezoned
 - 4. Vicinity map
- b. Soil map showing
 - 1. Soil types within the proposed boundary
 - 2. Soil types within the surrounding area
 - 3. Prime farmland ratings of the above soils

Step 3. Process (completed by Land Use Management Staff):

- a. Public hearing notice sent to the Republican Eagle for publication
- b. Notification of property owners within 500 feet of affected property (or nearest 10);
- c. Staff review application and generate staff report
- d. Mail information packets to the members of the Board; and
- e. Mail agenda and staff report to the applicant.

Step 4. The Planning Advisory Commission (PAC) meetings are held the third Monday of each month unless otherwise stated.

- a. The PAC will make a recommendation for the Board of Commissioners.
- b. It is recommended that the applicant(s) or a representative attend the meeting to answer any questions the Board may have.

Step 5. Staff will forward the information onto the Board of Commissioners.

- a. The information will usually be placed on the first meeting of the month after the PAC made a recommendation (see attached calendar)
- b. It is recommended that the applicant(s) or a representative attend the meeting to answer any questions the Board may have.

GOODHUE COUNTY CONDITIONAL/INTERIM USE PERMIT APPLICATION

Parcel # Permit#							
PROPERTY OWNER INFORM	ATION						
Last Name		First			Email:		
Street Address Phone							
City Stat		Zip		Attach Legal Description as Exhibit "A"		s Exhibit "A" 🗌	
Authorized Agent	<u>'</u>	Phone					
Mailing Address of Landowner:							
Mailing Address of Agent:							
PROJECT INFORMATION							
Site Address (if different than above):							
Lot Size	Structure Dimensions (if applicable)						
What is the conditional/interim use permit request for?							
Written justification for request including discussion of how any potential conflicts with existing nearby land uses will be minimized							
DISCLAIMER AND PROPERT	V OWNER SIGN	MATHRE					
I hereby swear and affirm that the information supplied to Goodhue County Land Use Management Department is accurate and true. I acknowledge that this application is rendered invalid and void should the County determine that information supplied by me, the applicant in applying for this variance is inaccurate or untrue. I hereby give authorization for the above mentioned agent to represent me and my property in the above mentioned matter.							
Signature of Landowner: Date							
Signature of Agent Authorized by Agent:							
TOWNSHIP INFORMATION Township Zoning Permit Attached?							
By signing this form, the Township acknowledges being made aware of the request stated above. In no way does signing this application indicate the Township's official approval or denial of the request.							
Signature		T	itle			Date	
Comments:							
COUNTY SECTION COUN	NTY FEE \$350	RI	ECEIPT #	DATE P	AID		
Applicant requests a CUP/IUP pursuant to Article Section Subdivision of the Goodhue County Zoning Ordinance							
What is the formal wording of the re	equest?						
Shoreland							
Date Received Date of Public Hearing DNR Notice City Notice							
Action Taken:Approve	_ Deny Condition	ns:					

GOODHUE COUNTY CONDITIONAL/INTERIM USE PERMIT APPLICATION

PROJECT SUMMARY

Please provide answers to the following questions in the spaces below. If additional space is needed, you may provide an attached document.

1.	Description of purpose and planned scope of operations (including retail/wholesale activities).
2.	Planned use of existing buildings and proposed new structures associated with the proposal.
3. —	Proposed number of non-resident employees.
4. —	Proposed hours of operation (time of day, days of the week, time of year) including special events not within the normal operating schedule.
5.	Planned maximum capacity/occupancy.
6. —	Traffic generation and congestion, loading and unloading areas, and site access.
7. —	Off-street parking provisions (number of spaces, location, and surface materials).
8. —	Proposed solid waste disposal provisions.
9.	Proposed sanitary sewage disposal systems, potable water systems, and utility services.

10. Existing and proposed exterior lighting.
11. Existing and proposed exterior signage.
12. Existing and proposed exterior storage.
13. Proposed safety and security measures.
14. Adequacy of accessibility for emergency services to the site.
15. Potential for generation of noise, odor, or dust and proposed mitigation measures.
16. Anticipated landscaping, grading, excavation, filling, and vegetation removal activities.
17. Existing and proposed surface-water drainage provisions.
18. Description of food and liquor preparation, serving, and handling provisions.
19. Provide any other such information you feel is essential to the review of your proposal.