

APPLICATION FOR A CONDITIONAL/INTERIM USE PERMIT

ARTHUR TOWNSHIP
1899 Frontage Road
Mora, Mn 55051

Permit# _____
Fee Rec'd _____
Receipt # _____
Date Rec'd _____
By: _____

When preparing this application, please print or type the reply to each question. If you have any questions, please contact the Zoning Administrator at (320) 364-0331. The following plans, specifications and other documents pertaining to the application shall be submitted at the time of the filing. Please note, that a incomplete application packet may cause a delay in reviewing your application,

PROPERTY/OWNER INFORMATION:

Property Owners name: _____

Address of Property Owner: _____

City: _____ State: _____ Zipcode: _____

Telephone #: _____ Fax#: _____

Owners recognition of Petition: _____

APPLICANT INFORMATION:

Applicants Name (If different than Property Owners) _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Telephone # _____ Fax #: _____

PERMIT SUBMITTAL CHECKLIST:

_____ Completed application form, signed and dated.

_____ A location (vicinity) map showing general location of proposed use.

_____ 3 copies of site plan drawn to scale showing the following:

1. Existing and proposed buildings and structures (dimensions & locations)
2. Curb cuts, driveways, access roads, parking and sidewalks.
3. Existing and proposed utilities, including storm sewers, sanitary sewers and water supplies. (Estimated use per day for water and sewer)
4. Soil type and soil limitations for the intended use.
5. Surface water drainage plans sufficient to drain and dispose of surface water.
6. Wetlands, great ponds or waterways.
7. Stormwater and erosion control plans, if required, designed by a MN certified civil engineer.
8. Additional information if required.

_____ A map showing all principle land use within 1000 feet of parcel for which the application is being made.

_____ Compatibility to the Comprehensive Plan and other Arthur Township Ordinances.

_____ List of all Property Owners within one mile of affected property or ten (10) properties closest to affected property.

_____ Impact Statements: Fire protection plan, sign plan, sound source control plan, lighting plan.

_____ Proposed hours of operation, estimated traffic, number of employees and demand On utility services.

_____ Proposed use of all associated buildings.

_____ Application fee cost:

The above information is the minimum requirements for the issuance of a Conditional or Interim Use Permit. Additional information may be requested by the Planning Commission or the Town Board of Arthur Township before final approval.

Additional information or documents required:

LEGAL DESCRIPTION OF PROPERTY:

P.I.D. # : _____

BRIEFLY DESCRIBE YOUR REQUEST:

I/We certify that all information and attachments to this application are true and correct to the best of my knowledge. I/We comply with all the provisions of the applicable Ordinances of Arthur Township, Kanabec County and the State/Federal Codes.

Signature of Applicant: _____ Date: _____

Make checks payable to Arthur Township

Do not write below this line (official use only)

Zoning Fee: \$

Reviewed by Zoning: _____ Date (60 day) _____
(Upon completion and review of application, 60 day clock starts)

Referred to Planning Commission: _____ Date: _____

Schedule Public Hearing: _____ Date: _____

Place Notice of Public Hearing in newspaper and send individual notices to property owners within one mile or 10 properties nearest affected property: _____
Date: _____ (Ten (10) days prior to hearing)

Reviewed by Planning Commission: _____ Decision: _____

Reviewed by Town Board: _____ Decision: _____

Zoning Administrator notifies applicant of decision: _____ Date _____