



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.

	\$ _____	
TOTAL FEE	\$ _____	



Chisago County Department of Environmental Services Planning & Zoning Application

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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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.

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