



MINDEN TOWNSHIP/CITY OF ST. CLOUD ORDERLY ANNEXATION AREA PLANNING BOARD

Application for Land Use Permit

Application Received by \_\_\_\_\_ on \_\_\_\_\_

Land Use Permit Fee: \$ (\$2 per \$1,000 in value, \$20 minimum)
Septic Review Fee: \$100.00
Total Cost: \$

Materials Filed with Application:
Site Plan
Septic Design
Proof of Ownership

Date: \_\_\_\_\_ Parcel No.: \_\_\_\_\_ Permit No. \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Section: \_\_\_\_\_ Twp.: \_\_\_\_\_ Range: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Addition: \_\_\_\_\_

\*911 Address: \_\_\_\_\_ (If property is not assigned a 911 address, property owner is required to contact the Benton County Department of Development at 968-5065 to request 911 address sign installation)

Contractor: \_\_\_\_\_ MN Contr. License No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Class of Work (circle): New Addition Alteration Repair Move Remove

Describe Work: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ Zoning: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Building Size: \_\_\_\_\_

No. Bdrs.: \_\_\_\_\_ No. Baths: \_\_\_\_\_ Floor Area Sq. Ft.: \_\_\_\_\_ Setbacks: Front: \_\_\_\_\_ feet Back: \_\_\_\_\_ feet

Wetland: Yes No Flood Plain: Yes No Side: \_\_\_\_\_ feet Side: \_\_\_\_\_ feet

Shoreland Zone: Yes No Note: Front setback from road right-of-way (circle): Yes No Ordinary High Water Mark (circle): Yes No

The work for which a land use permit is issued shall commence within six months after the date thereof unless an application for an extension of sixty days has been submitted and approved. The work shall be completed within one year unless an application for an extension has been submitted to and approved by staff. Special Conditions (note any): \_\_\_\_\_

I hereby certify that I have read and examined this application and know the same to be true and correct. All provision of laws and ordinances governing this type of project will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction of the performance of construction.

Signature of Contractor, Authorized Agent, Owner or Builder (please indicate) \_\_\_\_\_ Date \_\_\_\_\_

STAFF USE ONLY

Permission is hereby granted to the above mentioned applicant to perform the work described in the above statement. This is granted upon the express condition that the person to whom it is granted, and agent, employees and workpersons shall conform in all respects to the ordinance of the Minden Township Orderly Annexation Area Planning Board.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

City of St. Cloud Planning and Zoning Dept.