

APPLICATION FOR
CONDITIONAL USE PERMIT

Helga
TOWNSHIP
HUBBARD
COUNTY,
MINNESOTA

25895 COUNTY ROAD 9 + BEMIDJI, MN 56601

INSTRUCTIONS:

PLEASE PRINT and complete this application carefully and completely according to the instructions. It is the responsibility of the applicant to provide accurate data and all required documentation with this form. Incomplete or inaccurate data and failure to fill in all of the required information may result in a delay or disapproval of your application.

All applications MUST include a site sketch according to Section 6 of this application.

All applicants MUST sign Section 4 and Section 7 of this application. Applications submitted without signatures will be considered incomplete and returned.

A fee of \$475 made payable to Helga Township must accompany this application. This nonrefundable fee does not guarantee approval.

APPLICATION DEADLINE:

Applications must be submitted by the end of each month in order to be considered at the following month's Town meeting. Applications received after the beginning of each month will not be reviewed until the following month.

QUESTIONS PLEASE CONTACT:

Keith Kinnen
Land Use Administrator
Email: keith@helgatownship.com
Phone: (218)841-3755

RETURN THIS APPLICATION TO:

Keith Kinnen
22943 County 9 Bemidji, MN 56601
Email (preferred): keith@helgatownship.com

HELGA TOWNSHIP
HUBBARD COUNTY, MINNESOTA

| |
|---|
| OFFICE USE: Permit # _____ Date Issued _____ |
|---|

**APPLICATION FOR
CONDITIONAL USE PERMIT**

1. APPLICANT DATA

| |
|----------------------------------|
| Name of Applicant: _____ |
| Mailing Address: _____ |
| City _____ State _____ Zip _____ |
| Phone _____ Home/Work/Cell |
| Applicant Email Address _____ |
| Contractor's Name: _____ |
| Mailing Address: _____ |
| City _____ State _____ Zip _____ |
| Phone _____ Business/Cell |
| Contractor's License #: _____ |
| Contractor's Email Address _____ |

2. PROPERTY DATA

| |
|---|
| Site Address: _____ |
| City _____ State _____ Zip _____ |
| Primary Access Road: _____ Parcel ID #: _____ |
| Legal Description (from deed, abstract, or tax statement): _____ |
| _____ |
| Property Dimensions: |
| Width _____ (ft) Depth _____ (ft) Total Area _____ (sq ft/acres) |
| List ALL existing structures and their dimensions: _____ |
| _____ |
| Total sq. footage of all existing buildings present on this property: _____ (sq ft/acres) |

3. ENVIRONMENTAL DATA

Does the property contain low areas, wetlands, or areas with standing water for more than two weeks between May 1 and September 15 each year? _____ Yes _____ No

If yes, do you intend to drain, fill or otherwise alter this area for any reason? _____ Yes _____ No (If yes, explain)

Does the property contain any existing septic systems? _____ Yes _____ No

4. WETLAND CONSERVATION ACT COMPLIANCE

Did you apply for and receive a Wetland Permit? _____ Yes _____ No

With your construction project are you bringing fill dirt in? _____ Yes _____ No

Are you filling any area that has standing water, cattails, or tag alders? _____ Yes _____ No

*It is your responsibility to be in full compliance with the Minnesota Conservation Act requirements. With your signature, you are attesting that you are fully informed about this requirement and are in compliance.

Permit Applicant's signature _____ **Date** _____

5. PROPOSED PROJECT

This property will be used for (be specific):

Describe the existing use of the property:

Are there any othe Conditional Use Permits or Variances on this property? (explain w/dates):

Will your proposed project generate an increased amount of traffic, additional parking and can adequate access roads be provided as defined by state statutes? _____ Yes _____ No (explain)

How many people will occupy your premissis on an average day? _____

_____ Employees _____ Customers _____ Residents

Does the proposed project include signs? _____ Yes _____ No

PROPOSED PROJECT (CONTINUED)

Will the proposed project generate any noise, dust, odor, vibration, or other impacts that could affect surrounding areas? _____No _____Yes (if yes, explain)

Is the proposed/existing sewage treatment system adequate for the amount of waste to be generated? _____Yes _____No (if no, explain)

Will the proposed project prevent and control water pollution and sedimentation/nutrient loading? _____Yes _____No (if no, explain)

Will the proposed project disturb over 1 acre of soil? _____No _____Yes (if yes, attach NPDES Permit)
Does the existing topography allow for drainage and vegetation cover? _____Yes _____No (if no, explain)

Is the site located in a flood plain or flood way of rivers or tributaries? _____No _____Yes (if yes, explain)

Based on the percent and direction of slope, soil type, and existing vegetative cover, is there potential for erosion on the site? _____No _____Yes (if yes, explain)

Does applicant have a plan for landscaping and vegetative screening? _____Yes _____No
(explain either way)

Have there been any environmental reviews performed for the proposed project? _____No _____Yes (if yes, explain with dates of reviews)

Does the proposed project include additional lighting that can be seen from roads, public waters, or adjacent properties? _____No _____Yes

Explain: _____

Does the proposed project include anything that may be considered a nuisance or incompatible with the adjacent properties? _____No _____Yes

Explain: _____

PROPOSED PROJECT (CONTINUED)

Will the proposed project diminish or impair the nearby property values or the environmental quality?

_____Yes _____No

Explain: _____

Will the proposed project be established and conducted according to the current land use district setbacks and performance standards? _____Yes _____No

Explain: _____

Are there any reasons, not addressed above, that would help to determine if the proposed project should be granted?

Are taxes current on this parcel of land? _____Yes _____No

Explain: _____

List names and addresses of all adjoining property owners and any property owners within 1/4 mile of the affected property. (attach separate list if necessary)

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Will the property be transferred to another owner after granting of the permit? _____Yes _____No

Explain: _____

6. STRUCTURAL/CONSTRUCTION DATA (if applicable)

Proposed Structure/Use:
_____New Single Family Residence _____Building Alteration _____Garage (Attached)
_____Detached Garage _____Accessory Building _____Other (explain)

Structure Dimensions:
Width _____(ft) Length _____(ft) Height _____(ft) Total sq. ft _____
Width _____(ft) Length _____(ft) Height _____(ft) Total sq. ft _____
Width _____(ft) Length _____(ft) Height _____(ft) Total sq. ft _____

Total number of bedrooms after construction: _____
Will there be any commercial use of the property after construction? _____Yes _____No
Estimated cost of construction: \$ _____

Submit a complete sketch of your property drawn to scale with this application showing all buildings, proposed and existing, setbacks, wells, septic and accesses.

7. ALL APPLICANTS MUST SIGN BELOW

I hereby certify that I am the owner or authorized agent of the owner of the above described property and that all uses will conform to the provisions of the Helga Township and Hubbard County Ordinances. I further certify that I will comply with all conditions placed upon this permit should this application be approved. Intentional falsification of this application or any attachments thereto will serve to make this application and any resultant permit invalid. I also authorize Helga Township staff to inspect the property during review of this application and subsequent construction during reasonable times of the day for the purpose of administration and enforcement.

APPLICANT _____ DATE _____

APPLICANT _____ DATE _____

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