

Goodhue County Land Alteration Application Temporary Mineral Extraction Facility/Hotmix, Asphalt Plant

The following information is required before the application may be accepted and considered complete:

Applicant Information

Landowner Name _____
Parcel # _____
Operator Company _____
Applicant Name (if different than owner) _____
Evening Phone _____ **Daytime Phone** _____
E-mail Address _____

Required Submittals

- 1) Goodhue County Planning & Zoning form
- 2) Fees paid in full
- 3) Map of proposed area showing the confines or limits thereof
- 4) Map showing reclamation proposal
- 5) All necessary state and federal permits
- 6) Copy of lease (may redact sensity monetary information)
- 7) Copy of Government Contract (Please indicate if requesting permit prior to bid)
- 8) Mine Plan either attach narrative or complete below:

Hours of Operation _____

Estimate of trucks/day _____

Amount of material to be removed _____

Probable truck route _____

Will there be blasting (frequency)? _____

Begin Date _____ **End Date** _____

After preliminary review, additional information may be required before the application is considered complete and can be processed

Fees:
 General Application \$ 100

 Receipt Number _____
 Date Paid _____

Please mail application, payment and all supporting documents to:

Goodhue County Land Use Management
Attn: Zoning
509 West Fifth Street
Red Wing MN 55066

Office Use Only

<u>Zoning District</u> <input type="checkbox"/> Residential <input type="checkbox"/> Business B-1 B-1 <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural A-1 A-2 A-3 <input type="checkbox"/> Shoreland <input type="checkbox"/> Wild & Scenic <input type="checkbox"/> Flood Fringe <input type="checkbox"/> Floodway <input type="checkbox"/> General Flood Plain <input type="checkbox"/> Other: _____	<u>Shoreland Management Data</u> Lake/Stream Name: _____ ID Number: _____ Classification: NE RE GD Other _____ <u>Final Action</u> Brief explanation of decision: _____ _____ Date of Action: _____ by: Planner/Zoning Administrator	<u>Tracking Summary</u> Date Received : _____ Application number: _____
---	--	--

*** Contact _____ Township prior to start of operations, they may be more restrictive or require separate permit**

Clerk Name _____
 Phone Number _____



Goodhue County
Finance Office
 509 West 5th Street
 Red Wing, MN 55066

Phone: (651) 385-3032
 Office Hours: 8:00am – 4:30 pm M-F
 www.co.goodhue.mn.us

Aggregate Removal Tax Reporting Form

Pursuant to Minnesota Statute 298.75

(Please Type or Print)

1. _____
Name of Operator

2. _____
Address

3. Reporting period covered by this report (check one):

_____ January 1- March 31, 20__	Due by April 14th
_____ April 1- June 30, 20__	Due by July 14th
_____ July 1-September 30, 20__	Due by October 14th
_____ October 1-December 31, 20__	Due by January 14th

Failure to file the report and submit payment shall result in a penalty of \$5 for each of the first 30 days, beginning on the 15th day after the last day of each calendar quarter. A penalty of \$10 for each subsequent day shall be assessed against the operator or importer who is required to file the report. (County aggregate tax ordinance section 4.01)

Schedule A

(Please complete the following schedule. Use additional sheets if necessary and attach to this form.)

Name or Location of pit, quarry or deposit from which aggregate was removed (include property ID or parcel number):	Owner of pit, quarry or deposit	Total Cubic Yards or Tons removed

Complete Line #4 and/or Line #5:

4. Total number of cubic yards of aggregate material removed during this reporting period:

_____ cubic yards x \$0.215= _____
(amount of tax)

5. Total number of tons of aggregate removed during this reporting period:

_____ tons x \$0.15= _____
(amount of tax)

6. **If any of the aggregate removed and reported above was shipped directly from the extraction site to a waterway, railway, or other mode of transportation other than a highway, road, or street, complete Schedule B; otherwise go to Line #7.**

Schedule B.

(Please complete the following schedule. Use additional sheets if necessary and attach to this form.)

Name or Location of pit, quarry or deposit from aggregate was removed (include property ID or parcel number)	Total cubic yards or tons removed	Mode of transportation	County of original destination

7. PLEASE REMIT THE TAX CALCULATED ALONG WITH THIS FORM.

Under penalties of perjury, I declare that I have prepared or have examined this reporting form, including accompanying schedules and statements, and to the best of my knowledge and belief this report is true and complete.

Signature

Date

Title

Mail this form and your remittance to:

Goodhue County Finance Office
509 W. 5th Street
Red Wing, MN 55066