

Goodhue County Zoning Application

Board of Commissioners

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

Applicant Name _____
Date of Birth _____

Parcel # _____

- 1) Goodhue County Planning & Zoning form
- 2) Certificate of Survey
- 3) Fees paid in full
- 4) Applicant or representative is encouraged to attend the scheduled public hearings

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

Please mail application, payment and all supporting documents to:

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

Fees:	
General Application	\$ 300
Recording Fee	<u>46</u>
Total Fees	\$ 346
Reciept Number	_____
Date Paid	_____

Office Use Only

Zoning District

- Residential
- Business B-1 B-1
- Industrial
- Agricultural A-1 A-2 A-3
- Shoreland
- Wild & Scenic
- Flood Fringe
- Floodway
- General Flood Plain
- Other: _____

Type of Request

- Conditional Use Permit
- Variance/Appeal
- Zoning District Change
- Preliminary/Final Plat
- Ordinance Amendment
- Land Use Permit
- Land Alteration Permit
- Other (specify Below)

Shoreland Management Data

Lake/Stream Name: _____
 ID Number: _____
 Classification: NE RE GD Other _____

Tracking Summary

Date Received : _____
 Application number: _____
 Date of Hearing Notice: _____
 Date of Public Hearing: _____
 DNR Notice? _____
 City Notice? _____

Final Action (brief explanation of decision): _____

 by: [] County Board
 Date of Action: _____



Goodhue County Planning & Zoning Board of Commissioners Variance

Date _____ Application Number _____

Parcel Number _____

Applicant Name _____

Mailing Address _____

Phone Number _____

Legal Property Description (from deed) _____

What is the variance to? _____

Detailed narrative of grounds for the variance request including but not limited to: Special circumstances or conditions affecting the land, buildings or use that do not apply generally to other property in the area, (attach additional sheets if necessary):

Applicant's Signature: _____

******* County Section *******
Board of Commissioners

Decision of Goodhue County Board of Commissioners Approve Deny Date of Hearing _____

Reason for Decision: _____

Chairperson _____
Signature Date Printed Name

County Administrator _____
Signature Date Printed Name

Scott Arneson

Site Plan

Must include the following information (if applicable):

- | | |
|--|---|
| <input type="checkbox"/> North arrow | <input type="checkbox"/> Proposed building(s) with dimensions and distances to property lines |
| <input type="checkbox"/> Property lines | <input type="checkbox"/> Distance from proposed building(s) to well |
| <input type="checkbox"/> Dimensions of parcel | <input type="checkbox"/> Distance from proposed building(s) to septic system |
| <input type="checkbox"/> All buildings with dimensions | <input type="checkbox"/> Any natural feature(s) having an influence on the variance |
| <input type="checkbox"/> Distance | |