

SUMMARY OF PLANNING ADVISORY COMMISSION PROCEDURES

Step 1. Request application and discuss circumstances with staff.

Application Deadline: (See Attached Calendar for Schedule)

Meeting Date:

Step 2. File application by the above-noted deadline this must include all of the following:

- a. A completed application form with the required filing fee;
- b. A full, recordable property description (Attached as exhibit "A")
- c. A complete site sketch listing all applicable distances, setbacks or other necessary measurements;
- d. When the septic system of the parcel on which the request was made is located within the shoreland overlay district, a septic system certification must be completed. (Note: Noncompliant septic systems are required to be upgraded regardless of the outcome of proceedings).
- e. Township Signature
- f. Other supporting documentation as required by staff.

Step 2A. Required submittals for Zoning District Changes:

- a. Certificate of Survey drawn to scale (if parcel(s) cannot be described as a Quarter, Quarter of a Section). Such survey shall include:
 1. Be prepared and signed by a MN Licensed Land Surveyor
 2. Affected parcel identification numbers
 - i. Indicate if the proposed area is a split and/or combination
 3. Any improvements such as buildings, fences, roads, driveways, etc. within 200 feet of the proposed boundary of the area to be rezoned
 4. Vicinity map
- b. Soil map showing
 1. Soil types within the proposed boundary
 2. Soil types within the surrounding area
 3. Prime farmland ratings of the above soils

Step 3. Process (completed by Land Use Management Staff):

- a. Public hearing notice sent to the Republican Eagle for publication
- b. Notification of property owners within 500 feet of affected property (or nearest 10);
- c. Staff review application and generate staff report
- d. Mail information packets to the members of the Board; and
- e. Mail agenda and staff report to the applicant.

Step 4. The Planning Advisory Commission (PAC) meetings are held the third Monday of each month unless otherwise stated.

- a. The PAC will make a recommendation for the Board of Commissioners.
- b. It is recommended that the applicant(s) or a representative attend the meeting to answer any questions the Board may have.

Step 5. Staff will forward the information onto the Board of Commissioners.

- a. The information will usually be placed on the first meeting of the month after the PAC made a recommendation (see attached calendar)
- b. It is recommended that the applicant(s) or a representative attend the meeting to answer any questions the Board may have.

PAC 2012

Meeting	Application Acceptance	Written Notice/ Packets Due	PAC Date**	County Board Date**
January	Dec 19-23	Jan 12	Jan 23 35 days	Feb 7 50 days
February	Jan 9-13	Feb 2	Feb 13 35 days	March 6 50 days
March	Feb 13-17	March 8	March 19 35 days	April 3 57 days
April	March 12-16	April 5	April 16 35 days	May 1 50 days
May	April 16-20	May 10	May 21 35 days	June 5 50 days
June	May 14-18	June 7	June 18 35 days	July 5? 52 days?
July	June 11-15	July 5	July 16 35 days	Aug 2? 52 days
August	July 16-20	August 9	Aug 20 35 days	Sept 4 50 days
September	Aug 13-17	Sept 6	Sept 17 35 days	Oct 2 50 days
October	Sept 10-14	Oct 4	Oct 15 35 days	Nov 6 57 days
November	Oct 15-19	Nov 8	Nov 19 35 days	Dec 4 50 days
December	Nov 5-9	Nov 29	Dec 10 35 days	Jan 8 64 days

**Calendar Days

GOODHUE COUNTY ZONING DISTRICT CHANGE APPLICATION

Parcel # _____

Permit # _____

PROPERTY OWNER INFORMATION

Last Name		First		M.I.	Date of Birth
Street Address				Phone	
City	State	Zip	Attach Legal Description as Exhibit "A" <input type="checkbox"/>		
Authorized Agent				Phone	
Mailing Address of Landowner:					
Mailing Address of Agent:					

PROJECT INFORMATION

Site Address (if different than above):	
Lot Size	Structure Dimensions (if applicable)
Existing Zone _____	Proposed Zone _____
Existing Use _____	
Proposed Use: _____	

DISCLAIMER AND PROPERTY OWNER SIGNATURE

I hereby swear and affirm that the information supplied to Goodhue County Land Use Management Department is accurate and true. I acknowledge that this application is rendered invalid and void should the County determine that information supplied by me, the applicant in applying for this variance is inaccurate or untrue. I hereby give authorization for the above mentioned agent to represent me and my property in the above mentioned matter.

Signature of Landowner	Date
Signature of Agent Authorized by Agent	

TOWNSHIP INFORMATIONTownship Zoning Permit Attached? If no please have township complete below:

By signing this form, the Township acknowledges being made aware of the request stated above. In no way does signing this application indicate the Township's official approval or denial of the variance request.

Signature	Title	Date
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Comments:

COUNTY SECTION COUNTY FEE \$500 _____ RECEIPT # _____ DATE PAID _____

Applicant requests a variance from Article ____ Section ____ Subdivision ____ of the Goodhue County Zoning Ordinance

What is the formal wording of the request?

Shoreland _____ Lake/Stream Name _____ Zoning District _____
 Date Received _____ Date of Public Hearing _____ DNR Notice _____ City Notice _____

Action Taken: ____ Approve ____ Deny Conditions:

**APPLICANT FINDINGS OF FACT
AND SUPPORTING INFORMATION REGARDING ZONING DISTRICT CHANGE APPLICATION**

1. How does the requested change compatible with the Goodhue County Comprehensive Plan?

2. What is the cumulative effect of the requested zoning change on the affected Township and any cities located within 2 miles of the proposed parcel?

3. Is the zoning change compatible with the affected Township and any cities located within 2 miles of the proposed parcel?
