

Goodhue County Zoning Application

Land Use-Alteration Permit

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

Applicant Name _____ Parcel # _____

Date of Birth _____ Daytime Phone _____

Evening Phone _____

- 1) Goodhue County Planning & Zoning form
- 2) Fees paid in full
- 3) Site Plan
- 4) Additional information as corresponds to request
- 5) All necessary state and federal permits

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: Zoning

509 West Fifth Street

Red Wing MN 55066

Fees:
General Application \$ 50
Receipt 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? _____

PAC Recommendation: Approve with conditions (attached)

Deny

Final Action (brief explanation of decision): _____

by: [] County Board [] Board of Adjustment

Date of Action: _____



Goodhue County Planning & Zoning Land Use/Alteration Permit

Date _____ Application Number _____

Parcel Number _____

Applicant Name _____

Mailing Address _____

Legal Property Description (from deed or abstract attach separate sheet if necessary): _____

Projected Longevity of Operation: _____
start date end date

Article, Section, and Subd of Goodhue County Zoning Ordinance Land Use Permit is required:

Detailed narrative of project requiring a land use/alteration permit:

Applicant's Signature: _____

***** **County Section** *****

| | | |
|----------------------------------|----------------------------------|-------------------------------|
| Decision of Zoning Administrator | <input type="checkbox"/> Approve | <input type="checkbox"/> Deny |
| Special Notes: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Planner/Zoning Administrator: | _____ | Michael Wozniak, AICP |
| Signature | Date | Printed Name |

Site Plan

Must include the following information (if applicable):

- | | |
|---|---|
| <input type="checkbox"/> North arrow | <input type="checkbox"/> Proposed building(s) and distances to property lines, well and septic system |
| <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"/> Existing buildings with dimensions | <input type="checkbox"/> Curb cuts, driveways, access roads, parking spaces, off street loading areas and sidewalks |
| <input type="checkbox"/> Proposed buildings with dimensions | <input type="checkbox"/> Drainage plan |
| <input type="checkbox"/> Landscaping & screening plans | <input type="checkbox"/> Any significant natural feature (s) (wetland, slopes, creek, etc.) |
| <input type="checkbox"/> Sanitary sewer and water plan w/ estimated use per day | |