

Date submitted: _____
Date of requested hearing: _____

CONDITIONAL USE PERMIT APPLICATION

PLEASE PRINT

1. NAME OF APPLICANT(S): _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

MAILING ADDRESS CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ CELL: _____

E-MAIL: _____

PARCEL(S): _____

ACREAGE: _____ TOWNSHIP: _____

LEGAL DESCRIPTION OF PROPERTY AFFECTED:

CHECK TYPE OF CONDITIONAL USE PERMIT BEING APPLIED FOR:

- STANDARD CUP _____
- RE-ZONE _____
- RESIDENTIAL CIC _____
- PUD/CIC (under 10 units) _____
- PUD (10 or more) _____

IS THE PROJECT LOCATED WITHIN THE SHORELAND AREA (circle)? Yes or No

LAKE or RIVER NAME & CLASSIFICATION: _____

2. The application must include, and **WILL NOT** be processed or scheduled on the Planning Commission Agenda without the following information in accordance to Beltrami County Shoreland Management Ordinance Section 1106. A (1) a-g:
 - a.) A plan of the proposed project area showing contours, soil types (Beltrami County Soils Survey), ordinary high water level, ground water conditions, bedrock, slope and vegetative cover.
 - b.) The location of existing and proposed buildings, parking areas, traffic access, driveways, walkways, piers, open spaces and vegetative cover.
 - c.) Plans of buildings, sewage treatment facilities, water supply systems and arrangements of operations.
 - d.) Specifications for areas of proposed grading, filling, lagoon, dredging, and other topographic alterations.
 - e.) Other information necessary to determine if the proposal meets the requirements and intent of this ordinance.
 - f.) Beltrami County Environmental Questionnaire.
 - g.) Any other information required by this Ordinance.

3. In accordance with Shoreline Management Ordinance Section 1001 A (1) all regulated wetlands on the proposed Conditional Use Permit site shall be identified with a wetland delineation and boundaries shown on the site map.

Reference the attached application check-list. When complete submit this application plus all supporting documents to the Environmental Services Department (ESD). You will notified whether the application was deemed complete and what must be addressed to make it complete. When complete it be placed before the county Board of Adjustment for a public hearing and you will be notified of the date/time.

If approved you are required to obtain all required permits prior to doing the work.

Signature

Date

Beltrami County Environmental Services Department Use only

CUP APPLICATION FEE: _____ (Payable to Beltrami County Treasurer) PAID? *Yes or No*

CHECK #: _____ CASH: _____ Receipt #: _____

RECORDING FEE: _____ (Payable to Beltrami County Recorder) PAID? *Yes or No*

CHECK #: _____ CASH: _____ RECEIPT #: _____

DATE REVIEWED BY PLANNING COMMISSION: _____

COMMENTS: _____
