

# Goodhue County Zoning Application

## Preliminary Plat

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

Landowner Name \_\_\_\_\_

Applicant Name (if different than owner) \_\_\_\_\_

Parcel # \_\_\_\_\_

Date of Birth \_\_\_\_\_

- 1) Township information form (*signed and dated by township*)
- 2) Goodhue County Planning & Zoning form
- 3) Preliminary Plat with all required information
- 4) Fees paid in full
- 5) 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 note the Planning Advisory Commission Calendar for required submittal dates (*attached*)

Please mail application, payment and all supporting documents to:

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

<b>Fees:</b>	
General Application	\$ 300
Lot Fee (\$10/lot)	
Recording Fee	46
Total Fees	\$
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      Date of Action: \_\_\_\_\_

# 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
<b>December</b>	<b>Nov 5-9</b>	<b>Nov 29</b>	<b>Dec 10</b> <b>35 days</b>	<b>Jan 8</b> <b>64 days</b>

\*\*Calendar Days

# Township Information

Township Name: \_\_\_\_\_

\*\*\*\*\*Applicant Complete This Section\*\*\*\*\*

Landowner Name	Authorized Agent
Mailing Address	City State Zip
Property Address	City Zip
Day Phone	Evening Phone Cell Phone
Parcel Number	Section Quarter/Quarter or Plat Name
What is the Request for?	

\*\*\*\*\*Township Section\*\*\*\*\*

Name of Person Completing Form	Title	Date
<p>1. Was a public hearing necessary for the request? _____</p> <p>2. Were there any concerns about the request raised by the board/public at your meeting? Please explain.</p>		
<p>3. Was the request officially approved/denied? Attach official action/findings of fact. (If no answer 4) _____</p> <p>4. Does the township support the request? _____</p> <p>5. Did the township place any provisions, or modify the request? Please explain. _____</p>		

\*\*\*\*\*Township Official Signature\*\*\*\*\*

I \_\_\_\_\_ am acting on behalf of the Township of \_\_\_\_\_ in capacity of Clerk/Supervisor/Chair hereby certify that the above described project has been received by the Township and heard on \_\_\_\_\_



# Goodhue County Planning & Zoning Preliminary/Final Plat

Date \_\_\_\_\_ Application Number \_\_\_\_\_

Parcel Number \_\_\_\_\_

Landowner Name \_\_\_\_\_

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Legal Property Description of original tax parcels being platted (from deed or abstract, attach separate sheet if necessary):

\_\_\_\_\_

Existing Zone: \_\_\_\_\_ Existing Use: \_\_\_\_\_

Name of Plat \_\_\_\_\_

**Landowner Signature** \_\_\_\_\_

**Applicant's Signature** (if different than owner) \_\_\_\_\_

\*\*\*\*\* **County Section** \*\*\*\*\*

## Planning Advisory Commission

The Planning Advisory Commission recommends to the Goodhue County Board of Commissioners to

Approve  Deny the application for a preliminary plat for \_\_\_\_\_  
Name of plat

Date of Hearing \_\_\_\_\_

Reason for Decision: \_\_\_\_\_

Chairman: \_\_\_\_\_

Zoning Administrator: \_\_\_\_\_

Michael Wozniak, AICP

## Goodhue County Board of Commissioners

The Goodhue County Board of Commissioners votes to  Approve  Deny the preliminary plat  
of \_\_\_\_\_  
Name of plat

Date of Decision: \_\_\_\_\_

Reason for Decision: \_\_\_\_\_

Chairman: \_\_\_\_\_

County Administrator: \_\_\_\_\_

Scott Arneson