

HELGA TOWNSHIP
Hubbard County, Minnesota

OFFICE USE:
Permit # _____
Date issued _____

APPLICATION FOR CONDITIONAL USE PERMIT

PLEASE PRINT and complete this application carefully and completely according to the instructions. It is the responsibility of the applicant to provide accurate data and all required documentation with this form. Incomplete or inaccurate data and failure to fill in all of the required information may result in a delay or disapproval of your application.

A fee of \$475.00 made payable to **Helga Township** must accompany this application. This nonrefundable fee does not guarantee approval. **There is a penalty if work is started before approval of this application.**

Name of Applicant: _____			
Mailing Address: _____	City _____	State _____	Zip _____
Phone # Home _____	Work _____	Cell _____	
Applicant Email Address: _____			
Contractor's Name: _____			
Mailing Address: _____	City _____	State _____	Zip _____
Phone# Business: _____	Cell _____		
Contractor's License #: _____			
Contractor's Email Address _____			

PROPERTY DATA

Site Address: _____	City _____	State _____	Zip _____
Primary Access Road: _____	Parcel ID #/: _____		
Legal Description (from deed, abstract, or tax statement) : _____			

Property Dimensions: Width _____ ft Depth _____ ft Total area _____ sq ft/acres			
Is your property within 1000 feet of lake shore or river? ___ Yes ___ No _____ Name of lake or river			
Is there one acre of contiguous land on your property? ___ Yes ___ No (Attach documentation)			
List <u>ALL</u> existing structures and their dimensions (an accurate diagram is sufficient): _____			

Total sq. footage of all existing buildings present on this property: _____			

ENVIRONMENTAL DATA

Does your property contain low areas, wetlands, or areas with standing water for more than two weeks between May 1 and September 15? ___ Yes ___ No	
If yes do you intend to drain, fill or otherwise alter this area for any reason? ___ No ___ Yes (Explain) _____	

NOTE: A certificate of septic compliance MUST accompany this Permit Application. It may be necessary to upgrade or even replace the entire septic system based on the findings of the septic compliance inspection.	

2 Helga Township Conditional Use Permit (cont'd)

WETLAND CONSERVATION ACT COMPLIANCE

Please answer the following questions:

- 1. Did you apply for and receive a Wetland Permit? Yes No
- 2. With your construction project are you bringing fill dirt in? Yes No
- 3. Are you filling any area that has standing water, cattails, or tag alders? Yes No

It is your responsibility to be in full compliance with the Minnesota Conservation Act requirements. With your signature, you are attesting that you are fully informed about this requirement and are in compliance.

Permit Applicant's signature _____ Date of signature _____

PROPOSAL

This property will be used for (be specific) _____

Describe the existing use of your property: _____

Are there any other Conditional Use Permits or Variances on this property? (explain w/dates) _____

Will your proposal generate an increased amount of traffic, additional parking and can adequate access roads be provided as defined by state statutes? Yes No (explain) _____

How many people will occupy your premises on an average day? Employees Customers Residents
Does your proposal include signs? Yes No If yes, attach Sign Permit _____

Is the proposed/existing sewage treatment system adequate for the amount of waste to be generate? Yes No Explain: _____

Will the conditional use prevent and control water pollution and sedimentation/nutrient loading? Yes No Explain: _____

Does the existing topography allow for drainage features and vegetation cover? Yes No Explain: _____

Is the site located in a flood plain or flood way of rivers or tributaries? Yes No Explain: _____

Based upon the degree and direction of slope, soil type, and existing vegetative cover, is there erosion potential on the site?
 Yes No

Explain: _____

Has the applicant submitted a plan for landscaping and vegetative screening?
Yes No Explain: _____

Has the applicant provided an Environmental Questionnaire or Assessment Worksheet? Yes No
Explain: _____

Does your proposal include additional lighting that can be seen from roads, public waters, or adjacent properties?
 Yes No

Explain: _____

Does your proposal include anything that may be a nuisance or otherwise be considered incompatible with your neighbors?
 Yes No Explain _____

3 Helga Township Conditional Use Permit (cont'd)

Will the conditional use diminish or impair the property values and the environmental quality? ____ Yes ____ No Explain: _____

Will the conditional use be established and conducted according to the current land use district setbacks and performance standards? ____ Yes ____ No Explain: _____

Are there any reasons, not addressed above, that would help to determine if your proposal should be granted? _____

Are taxes current on this parcel of land? ____ Yes ____ No Explain _____

Names and addresses of all adjoining property owners and any property owners within 1/4 mile of the affected property:

Will this property be transferred to another owner after granting of the permit? ____ Yes ____ No

STRUCTURAL/CONSTRUCTION DATA needs to be put on a separate Helga Township Land Use Permit Application. However, for any permit you need to submit a complete to scale diagram of your property showing all buildings, proposed and existing, setbacks, wells, septic and accesses including roads and driveways.

ALL APPLICANTS MUST SIGN BELOW

I hereby certify that I am the owner or authorized agent of the owner of the above described property and that all uses will conform to the provisions of the Helga Township and Hubbard County Ordinances. I further certify that I will comply with all conditions placed upon this permit should this application be approved. Intentional falsification of this application or any attachments thereto will serve to make this application and any resultant permit invalid. I also authorize Helga Township staff to inspect the property during review of this application and subsequent construction during reasonable times of the day for the purpose of administration and enforcement.

APPLICANT _____ DATE _____

APPLICANT _____ DATE _____

APPLICANT _____ DATE _____

APPLICANT _____ DATE _____

RETURN THIS APPLICATION TO:

Harrison Hicks prefers email: harrisoncohix@gmail.com or Phone (218) 766-7598
24323 498th St
Bemidji, MN 56601