ZONING PERMIT APPLICATION TELE # 218-845-2626 OFFICE USE ONLY MAIL ADDRESS APPROVE // DEN STATE 911 ADDRESS OF PROPERTY STATE **TOWNSHIP** RECEIPT# LEGAL DESCRIPTION CHECK # **TOWNSHIP** (circle) RESIDENTIAL COMMERCIAL **ACCESSORY** NEW BUILDING ALTERATION BUILDING CONTRACTOR AND LICENSE NUMBER: DESCRIBE YOUR PROJECT (IF APPLICABLE, INCLUDE DIMENSIONS OF ALL BUILDINGS COVERED BY THIS COMMENTS: DESIGNER: #BEDROOMS/GPD DATA FOR SEWER CONSTRUCTION: INSTALLER The undersigned hereby makes application for permit to construct as herein specified, agreeing to do all such work in strict accordance with the Ordinances of the County of Ailkin, Minnesota; Minnesota Individual Sewage Disposal Code Minimum Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Health; and Shoreland Management Standa NO PART OF THE SEWAGE SYSTEM SHALL BE COVERED UNTIL IT HAS BEEN INSPECTED AND ACCEPTED. It shall be the responsibility of the applicant for the permit to notify the Zoning Office (at least 24 hours in advance) that the Septic System is ready for inspection. SIGNATURE APPLICANT/AGENT DO NOT WRITE BELOW THIS LINE--ZONING DISTRICT & FLOOD PL STRUCTURE SETBACK DISTANCE REQUIREMENTS (Measure from eaves or overhang) ZONING DISTRICT LAKE/STREAM/RIVER NAME OHW TO LAKE/RIVER/STREAM LAKE/RIVER ID NUMBER PROPERTY LINE SETBACK (10-ft.) 20-ft.) SETBACK TO ROAD R-O-W (30-ft. Twp. / 50-ft. Co., State, Fed.) LAKE/RIVER/STREAM CLASSIF. SETBACK TO BLUFF (30-ft.) PARCEL LOCATED IN FLOOD PLAIN? SEPTIC SYSTEM SETBACK DISTANCES 10/100-YR. FLOOD ELEVATION SETBACK TO STRUCTURES (10-ft. Tank / 20-ft. Drainfield) LOWEST FLOOR ELEVATION ELEV. CERTIFICATE REQUIRED OHW TO LAKE/RIVER PROPERTY LINE SETBACK (10-ft BEFORE CONSTRUCTION SETBACK TO ROAD R-O-W (10-ft.) AFTER CONSTRUCTION **ATTACH COPY OF ELEVATION CERTIFICATES** GARBAGE DISP/HOT TUB SEPTIC DESIGN. SOIL BORINGS _ DEPTH TO RESTRICTING LAYER SSF YES____ NO____ Type 3 (circle) SSTS Type Type 4 Type 5 Type 1 Type 2 RECOMMENDATIONS: **EXPIRES IN ONE YEAR** • Aitkin County Zoning Courthouse – 209 2nd St. NW. Room 100 • Aitkin, Minnesota 56431 \$ Telephone 218/927-7342 FEE RECEIVED BY

WHITE - COUNTY

YELLOW - APPLICANT

PINK - TOWNSHIP

needs variance met meeting side lat settach

FIELD EVALUATION SHEET NAME PARCEL# CHECK THE FOLLOWING PRIOR TO INSPECTION NAME OF SITE EVALUATOR NAME OF DESIGNER NAME OF INSTALLER LOT OF RECORD BEFORE 1-21-92 (SL) IR 1-10-95 (NSL), IF NO, ALT.SITE?__ SITE PLAN WITH SETBACK DISTANCES AND DIMENSIONS ARE ISTS SITES PROTECTED FROM DAMAGE? IF NOT, WHEN DESIGN PERC TESTS SOIL BORINGS, 2 PER SITE NUMBER OF BEDROOMS (INCLUDE POTENTIAL) **CROSS SECTION SHEET** TRENCH DESIGN SHEET MOUND DESIGN SHEET OTHER OR PERFORM. PRESSURE DISTRIBUTION SHEET **PUMP CALC. TEST** WATER USE CALCULATIONS GARBAGE DISPOSAL **HOT TUB** EASEMENTS ON LOT, IS ROAD PUBLIC OR PRIVATE SEE DEED/PLAT NATURAL LANDSCAPE PROTECTION PLAN STAKING: , DRAINFIELD_ BUILDINGS , BORINGS BUILDING SETBACKS: ROAD LAKE/RIVER COMPLETE DURING SITE EVALUATION BUILDINGS STAKED ____DRAINFIELD STAKED _____BORINGS STAKED WELL STAKED SETBACKS (MEASURE DISTANCE) DRAINFIELD HOUSE FLOOD PLAIN YES/NO YES/NO WETLANDS YES/NO YES/NO LAKE, RIVER, PROTECTED WATERS ROAD RIGHT OF WAY **BLUFF** SIDE LOT LINE REAR LOT LINE HOUSE OR OTHER STRUCTURE WELL **EASEMENTS NEIGHBORING WELL (S) TO ISTS** (1) DRAINFIELD AREA DISTURBED CONFORMING SEPTIC SYSTEM: YES NO If no, list reasons below. COMMENTS OR PROBEMS (drainage, swales, wetlands, need gutters, etc.) APPROVED: YES OR NO INSPECTORS NAME

SOIL BORING LOGS AND SKETCH PLAN ON REVERSE SIDE

INQPCL-1
Data Set: PRD Production

Parcel Description

3/24/16 14:50:24

41504 Parcel/Acct : 52-1-043800 Asmt/Tax year: 2015 2016 Type: RE Pri. owner : 112402 Unit . . . : Hold tax stmt: SIMPSON, JAMES P Emergency # Lease Type: Taxpayer . : 112402 SIMPSON, JAMES P FALCO: 1 F.O. Escrow . . Surveyed Notes : Ref. parcel : 00352003043800 Com district: Lake #/Name : 1014700 ESQUAGAMAH LAKE MH court nbr: UDI . : 100.00% Com district: 5 Billing: P Physical adr: 49440 405th Pl TIF district: KD: PALISADE 56469 User defined: UTA-Twp/City: 52 49-27 UNORG .00 Lot/Block. School . .: 1 AITKIN **** Plat/Desc . : **** 3 DE COLAS BIRCH S... AMBU Sec/Twp/Rge : 13 49.0 27 00 00 00 00 Description: LOT 36 BLK 1 <--Version:

Press Enter to continue or enter new parcel/tax year: 52-1-043800 2016 F1=Help F2=Trans History F3=Exit F6=Parcel History F7=Name/Addresses F8=Legal F24=More keys

INQPCL-2 Data set: PRD Production Parcel Description

3/24/16 14:52:04

Parcel/Acct : 52-1-043800

41504 Asmt/Tax year: 2015 2016

Taxpayer: 112402 FALCO: 1 F.O. SIMPSON, JAMES P 49440 405TH PLACE PALISADE MN 56469

Primary Owner: 112402 SIMPSON, JAMES P 49440 405TH PLACE PALISADE MN 56469

Primary Property Address: 49440 405th Pl PALISADE 56469

Bottom

F1=Help

F3=Exit

F9=Print

F12=Cancel

Supplemental Data for Land Use Permits

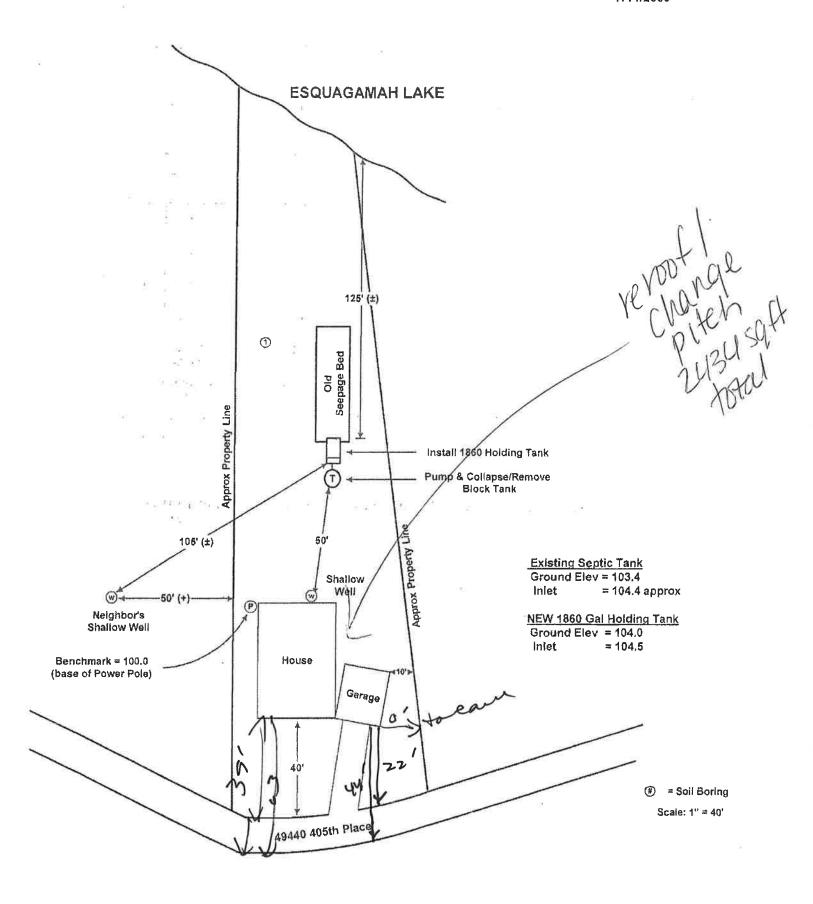
A.	. PRE-EVALUATION INSPECTION REQUEST: Defining and staking the property lines, road right-of-ways, septic sites, and wells are the responsibility of the property owner. In some cases, a registered survey may be required to verify setbacks before granting a permit.	
B.	Directions to your Property From Aitkin: rom a major intersection: 169 To Grove ST (co3) lect 5 m TO CO3 TURNOSE (TOWARD Emily) 1 mile TO 4057	= iles in Olave
		-
C.	J	-
2	project meet them? (Note: Setback distances are taken from	
2.	Have you taken into consideration locations for future buildings, septic systems, decks, driveways, etc?	
 4. 	Is your property in a floodplain? (If yes, complete Section D)	i
5.	Are there any lowlands or wetlands on or near the site project?	
	Will your project meet the impervious surface requirements?	
COI IF S DEI insp	L PROPOSED DEVELOPMENT REQUESTS MUST BE CLEARLY STAKED AT ALL FOUR PROPOSED CONSTRUCTION. STAKES. PROPERTY LINES MUST BE FLAGGED NEAR THE PROPOSED CONSTRUCTION. STAKES ARE NOT PRESENT OR VISIBLE IT MAY RESULT IN ADDITIONAL FEES AND/OR A LAY IN THE PERMIT PROCESS. The undersigned hereby makes application for a pre-evaluation permit pection, agreeing that all setback information and delineation of property lines, well location, road setbacks, and elopment corners have been properly identified and marked.	
	ephone Number between the hours of 8:00 A.M. and 4:00 P.M NDOWNER SIGNATURE: X	

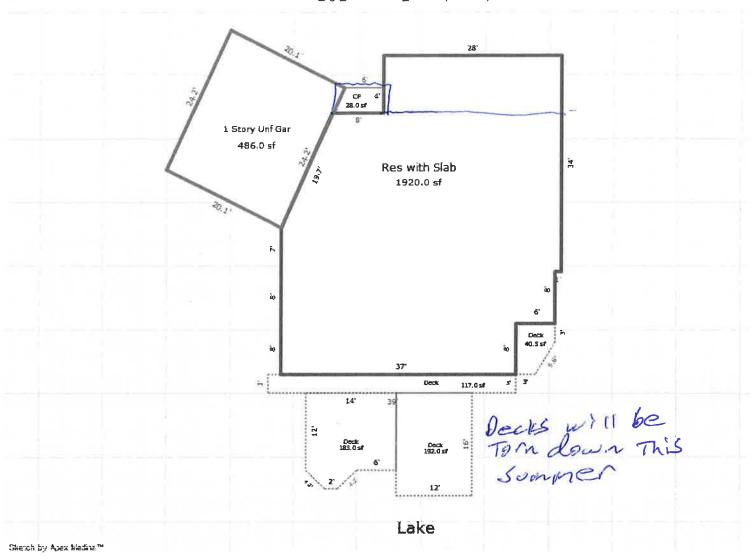
Shoreland Zoning includes any property within 1,000 feet of a lake, 300 feet of any other river, stream or flowage or the landward extent its floodplain, or within 500 feet of the Mississippi River.

NON SHORELAND PROPERTIES STOP HERE SHORELAND PROPERTIES COMPLETE PAGE 2

SHORELAND PROPERTIES CONTINUED

		YES	NO	???
7.	Will your project be less than the maximum structure height allowed in in shoreland (35 feet, as measured from the lowest adjoining ground level to the highest point of the roof)?			
8.	Is there a steep slope or bluff on or near the site?			
9.	Are you constructing a walkout basement in the shoreland district of a lake, river, or stream (If yes, please provide plan)			
10.	Will there be any activity (vegetation removal or earth moving) in the Shore Impact Zone, Bluff Impact Zone or on a steep slope of a lake or river? (If yes, please provide plan)			
11.	If you are building an accessory structure, please provide sidewall height and if second story. (No living quarters, sleeping areas, baths, showers or toilet faciliti accessory structures.)	there wi es are al	ll be a lo	oft or
D.	NATURAL LANDSCAPE PROTECTION PLAN:			
you	ensure that earth moving and vegetation removal is within ordinance guidelines, r property does not negatively impact the lake or other properties, you may be relitional drawings of your site plan.	and to e	nsure ac o provid	tivity on le
12.	Setback from the Ordinary High Water Level (OHW) for proposed construction	1?		-
13.	How many cubic yards of fill or excavation will be done on the property?	NA	-	
14.	How close to the property line will any fill be placed or any excavation be done?	N	A	
15.	If you are constructing a walkout basement, please identify on the drawing when will be placed.	e the exc	cavated	material
16.	What percent slope of the land currently exists on the construction site? (If the percent slope is greater than 18%,, supply copy of Site review from SWCD*)	NIA		x
17.	How will erosion be controlled during construction? (Attach additional info and	l drawin	gs as ne	cessary)
18.	What will be done after construction to control erosion?			
I ha	nve read the above and I understand the Natural Landscape Protection Plan as prompted in the plan as part of the Land Use Permit.	epared.	I hereb	y agree
<i>X</i> _				
Lai	ndowner Signature Date Zoning Official			Date







AITKIN COUNTY ZONING

PERMIT NUMBER 41815				PARCEL NUMBER			
Location	Lot	Block	Gov't. Lot	Section	Twp.	Rge.	
Issued	*	DENIED					
Nature of Author							
New Construction Alteration Sewer Installation				NOTE: This permit must be posted in a conspicuous place on premises on which work is to be done and remain until work has been completed and inspected.			
		ev		until work has been col	mpieteu anu ili	specieu.	
This permit expires one year from date of issuance			ce	ZONING ADMINISTRATOR			

No Portion of any Sewage Disposal System shall be Covered Prior to Inspection.