

Aitkin County Environmental Services Planning and Zoning

209 Second Street NW

Room 100

Aitkin, MN 56431

Phone: 218-927-7342

Fax: 218-927-4372

29-1-494900



Dear Applicant:

Re: Incomplete Application / Information Missing

This is a standard letter sent to permit applicants as a reminder of documents needed. We have received a zoning permit application that you submitted on 3/19/14.

This application request is incomplete until we receive the following information as noted below. You do not have a permit to begin. Please help us to keep your project on schedule by providing the requested information as soon as possible. As soon as we receive the information from you, your application will be reviewed and processed for compliance with Aitkin County Zoning Ordinances.

ZONING PERMIT APPLICATION:

No Site Plan of the property

No records can be found on your septic system

No check was submitted with the application

The check submitted was for the incorrect amount

The required fee is _____

The property appears to be in the flood plain

A Certificate of Elevation is required

Septic System design is incomplete

Other: Need drawings submitted showing volume calculations

VARIANCE AND CONDITIONAL USE PERMIT APPLICATIONS:

No "Supplemental Data" sheet

No directions to the property

No scaled drawing

Submitted drawing is not to scale

Submitted drawing does not show enough detail

No copy of the deed

10- copies of the required information were not submitted

Property owner did not sign application

Other: _____

Comments: _____

Thank you for your attention to this matter. If you have questions, please feel free to contact us.

Signed by: Kaley

MAR 18 2016

ZONING PERMIT APPLICATION

FULL NAME Todd & Bernadette Noard TELE # 612-600-3832
 MAIL ADDRESS 4622 316th Lane
 CITY STACY STATE MN ZIP 55079
 911 ADDRESS OF PROPERTY 51448 206th Place
 CITY McGregor STATE MN ZIP 55060
 TOWNSHIP Shamrock
 LEGAL DESCRIPTION LOT 59 DOUBLE SACRES 2nd Addition
 SECTION 5 TOWNSHIP 49 RANGE 23

OFFICE USE ONLY

DATE _____ APPROVE / DENY _____
 PERMIT# 41802
 PARCEL# 29-1-494900
 RECEIPT# 928707
 CHECK # 6818
 CONFORMING SEPTIC
 YES NO NEW

(circle) RESIDENTIAL COMMERCIAL ACCESSORY NEW BUILDING ALTERATION
 BUILDING CONTRACTOR AND LICENSE NUMBER: (awaiting Permit)

DESCRIBE YOUR PROJECT (IF APPLICABLE, INCLUDE DIMENSIONS OF ALL BUILDINGS COVERED BY THIS APPLICATION)
Addition to an existing Residence of 24' x 20'
and front PORCH OF 4x6'
EXISTING structure is 42' x 28'

COMMENTS: one-time 50% volume expansion

DESIGNER: _____
 DATA FOR SEWER CONSTRUCTION: INSTALLER N/A #BEDROOMS/GPD _____

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 Altkin, 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 Natural Resources. Applicant agrees that plot plan, sketches and specifications submitted herewith and which are approved by the Zoning Official, shall become a part of the permit. APPLICANT FURTHER AGREES THAT 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] Bernadette Noard

BERNADETTE K NOARD 11/06
 4622 316TH LN
 STACY, MN 55079-8629

6818
 17-1910 3674
 9042278227

DATE 3-15-16

PAY TO THE ORDER OF Altkin County \$ 250.00
two hundred fifty dollars no/100's DOLLARS

FOR B Kim Noard

WELLS FARGO
 Wells Fargo Bank, N.A.
 Minnesota
 wells Fargo.com

⑆091000019⑆ 9042278227⑆ 06818

TANCE REQUIREMENTS
 (rhng)
 :AM 75
 (10-ft. / 20-ft.)
 (30-ft. Twp. / 50-ft. Co., State, Fed.)

DISTANCES
 (10-ft. Tank / 20-ft. Drainfield)
 (10-ft.)
 (10-ft.)

ISP/HOT TUB
 NO _____

3/18/16
 DATE

RECEIPT DATE 3/18/16 NO. 928707

RECEIVED FROM Bernadette Noard
 ADDRESS Stacy

FOR two hundred fifty dollars no/100's \$ 250

ACCOUNT	HOW PAID
AMT. OF ACCOUNT	CASH
AMT. PAID	CHECK # <u>6818</u>
BALANCE DUE	MONEY ORDER

BY Buyer permit 41802

Application & check returned 3/23/16

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