

STURGEON LAKE TOWNSHIP  
PINE COUNTY, MINNESOTA

APPLICATION FOR CONDITIONAL USE PERMIT, INTERIM USE PERMIT,  
VARIANCE, ZONING AMENDMENT, SUBDIVISION/PLATTING, TEXT  
AMENDMENT

For Township Use Only

Case Number \_\_\_\_\_  
Date Received \_\_\_\_\_  
Application Fee Paid \_\_\_\_\_  
Application Complete \_\_\_\_\_  
Public Hearing Date \_\_\_\_\_

**Please return completed application form and required documentation to:**

\_\_\_\_\_, Sturgeon Lake Township Zoning Administrator,  
\_\_\_\_\_, Sturgeon Lake, MN 55783. Township Phone: \_\_\_\_\_

Non-refundable application fee: \$\_\_\_\_\_. Consultant review escrow: \$\_\_\_\_\_  
(Verify amount with Clerk). Note: permit/approval is subject to land ownership.

**Please Print or Type All Information**

Applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Site Address (If different): \_\_\_\_\_

Property Owner: (If different from applicant): \_\_\_\_\_

Platted Property Description: Lot \_\_\_\_\_, Block \_\_\_\_\_, Addition \_\_\_\_\_

-or-

Metes and Bounds Property Description: Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_

Parcel Identification Number (On Tax Statement): \_\_\_\_\_

Present Use of Site: \_\_\_\_\_

Please check the type of application requested:

- Variance
- Conditional Use Permit
- Interim Use Permit
- Zoning Map Amendment
- Zoning Text Amendment

Please describe the nature of your request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach five (5) copies** of detailed site plans, aerial photographs, building plans, and other supporting documentation necessary to complete the application.

**All permits/approvals require a public hearing and actions by the Planning Commission and Board of Supervisors.**

PLEASE READ

*I hereby apply for the above consideration and declare that the information and materials submitted with this application are in compliance with the Township's ordinances and are complete and accurate to the best of my knowledge.*

*I agree to pay all **NON REFUNDABLE** application fees in advance and, if required by the Township Clerk, I agree to post an escrow with the Township as required by Township ordinance to fund expenses incurred by the Township in processing this request. I understand and agree that all Township-incurred professional fees and expenses associated with the processing of this request are the responsibility of the property owner and shall be promptly paid by the property owner upon billing by the Township in the event the escrow fund is depleted. If payment of the Township-incurred expenses is not received from the property owner within 10 days of billing, the property owner acknowledges and agrees to be responsible*

for the unpaid fee balance either by direct payment or an assessment against the Owner's property via Minn. Stat. § 366.012.

**PLEASE NOTE THAT THIS APPLICATION MUST BE SIGNED BY THE APPLICANT AND 100% OF THE PROPERTY OWNERS OF THE PROPERTY SUBJECT TO THE APPLICATION.**

Dated: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Owner(s) Signature: (If different from applicant) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_