MINING CONDITIONAL USE PERMIT APPLICATION NO.: \_\_\_\_\_\_\_\_\_\_\_

Marc Telecky, McLeod County Environmental Services Director,

1065 5th Avenue SE, Hutchinson, MN (320) 484-4300

***\*You must call your township clerk to get on the agenda of your township board meeting to receive their written recommendation on this application. Return this application the day of the scheduled Planning Commission meeting.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | **60-day date:** |  | **Permit Fee:** | $796.00(5-year) | **Receipt No.** |  |

|  |  |
| --- | --- |
| **Applicant Information:** | **Property Owner Information:**  |
| **Name**: |  | **Name**: |  |
| **Street Address**: |  | **Street Address**: |  |
| **City**: |  | **City**: |  |
| **State / Zip Code:** |  | **State / Zip Code:** |   |
| **Phone No**.: |  | **Phone No**.: |  |
| **e-Mail Address:** |  | **e-Mail Address:** |  |

|  |
| --- |
| **Legal Description:**   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section / Township:** |  | **PID No.** |  |

|  |  |
| --- | --- |
| **Type of Conditional Use Requested:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Present Use of Property:** |  | **Estimated Date of Completion:** |  |

|  |
| --- |
| **Description of operation requiring a conditional use permit:**  |

*I swear all information submitted by me (or my agent representing me) as part of this request to the best of my knowledge is true, accurate and complete. I hereby authorize the County Zoning Administrator or authorized agent to enter upon property subject to this request to gather information pertinent to this application.*

# *Applicant’s Signature* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## *Property Owner’s Signature* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### TOWNSHIP BOARD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Township recommended **🖵 approval 🖵 denial** on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Township Board Chairperson.

###### McLEOD COUNTY PLANNING COMMISSION

**McLeod County Planning Commission** recommended **🖵 approval 🖵 denial**

on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chairperson, McLeod County Planning Commission.

McLEOD COUNTY BOARD OF COMMISSIONERS

**McLeod County Board of Commissioners** **🖵 approved 🖵 denied**

thisConditional Use Permit on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chairperson, McLeod County Board of Commissioners.

**⮚A Conditional Use Permit shall become void one (1) year after it was granted unless made use of.⮘**

*In cases where MS. 15.99 applies, the County hereby notified the applicant that a decision may not be rendered within 60 days due to public hearing requirements and agency review. Therefore, the County is notifying the applicant that a 60-day review waiver is required. A decision on the request shall be completed within 120 days unless additional review extensions are approved by the applicant.*

*I hereby agree to waiver the 60-day timeline requirement set by state statute on my conditional use request.*

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

Applicant’s Signature Date