

Permit # \_\_\_\_\_

Routing:

Applicant      Agent  
 Township      Sheriff  
 Health Dept.   Assessor

## LAKE COUNTY LAND USE APPLICATION **FOR STRUCTURE PLACEMENT**

Dwelling/Principal Structure: \$100  
 Addition/Additional Structure/Non-Shoreland Outhouse: \$50  
 After-the-Fact Fee: \$400 (or \$800 if applicable)  
 Make Check Payable to: Lake County Auditor

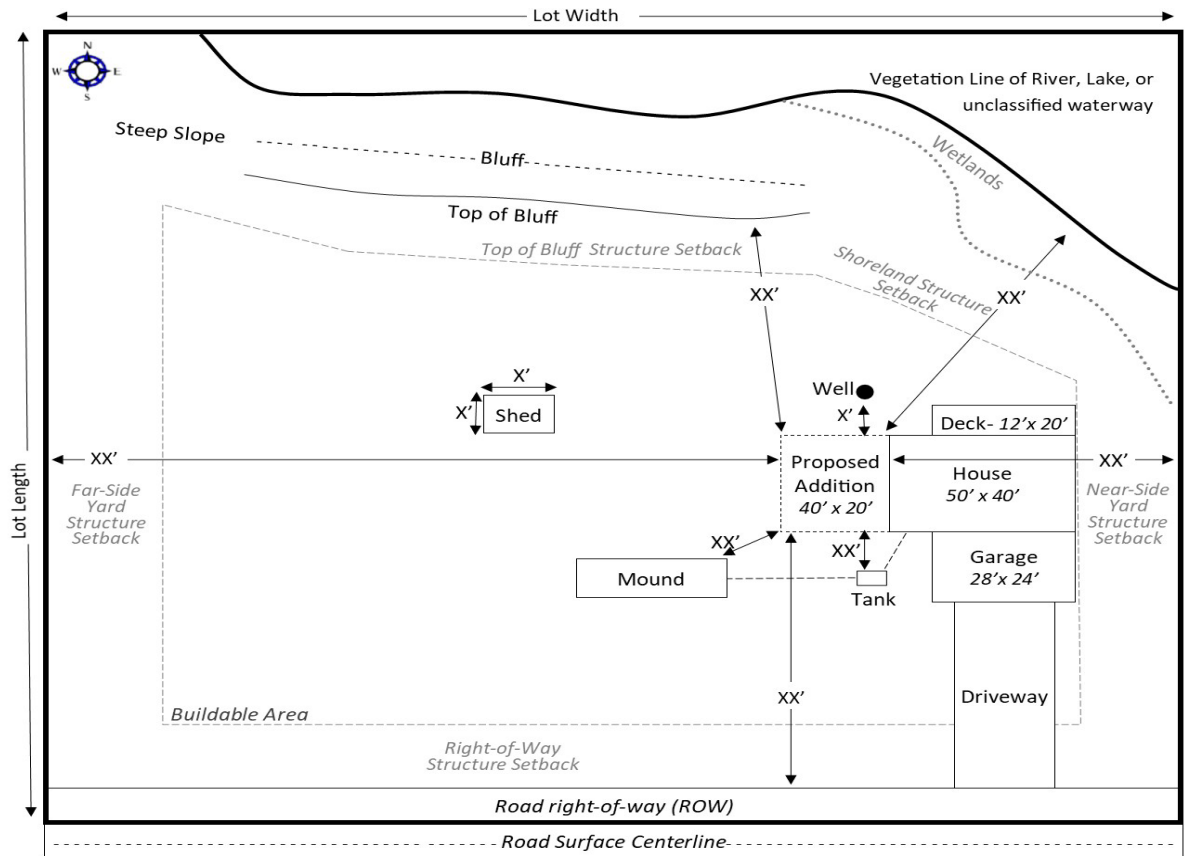
**Incomplete Applications will be Returned!**

If also applying for Grade/Fill Activities: Please include Sections C, D & E, from Grade/Fill application with structure placement application. One Site Sketch form for both Grade/Fill & Structure Placement is sufficient if all information requested is provided.

<b>A. GENERAL PROPERTY INFORMATION</b>						
<b>PROPERTY OWNERS NAME</b>		<b>DAY PHONE</b>		<b>AGENT OR CONTRACTOR NAME</b>		
				<input type="checkbox"/> Check box if permit is to go to Agent/Contractor		
<b>COMPLETE MAILING ADDRESS</b>		<b>PROJECT SITE ADDRESS</b>		<b>AGENT OR CONTRACTOR ADDRESS</b>		
<b>PROPERTY OWNER EMAIL</b>		<b>CONTRACTOR PHONE</b>		<b>AGENT OR CONTRACTOR EMAIL</b>		
<b>B. PROPERTY DESCRIPTION &amp; LAND FEATURES</b>						
<b>Section</b>	<b>Township</b>	<b>Range</b>	<b>Township Name</b>	<b>Acreage</b>	<b>Parcel Number(s)</b>	
<b>Quarter Section/Legal Description (attach separate sheet if necessary)</b>						
<b>Existing Land Use</b>			<b>Lot Dimensions</b>		<b>Nearest Road Access (attach map if site is remote)</b>	
			_____ X _____			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Property within Shoreland? (1,000' of lake or 300' of river)</b> If yes, name of lake/river: _____				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Property within North Shore Management Zone (NSMZ)?</b>				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Property within Lake Superior Erosion Hazard Area?</b>				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Wetland Present (If yes, show on sketch)</b>				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Bluff Present (If yes, show on sketch)</b>				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Legal Access from public road?</b>				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Well on Property? (If yes, show on sketch)</b>			MN Well # (if known): _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Is this Property Leased or Contract for Deed? If Leased or Contract for Deed property, you must attach written authorization.</b>			If yes, from: _____	
<b>C. SEWAGE TREATMENT</b>						
Lake County Ordinance #11 requires compliance inspection if septic system is over 12 years old or not had a passing compliance inspection within the last 8 years. Call Planning and Zoning if you do not have record of last inspection.						
<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<b>Within Knife River OR Castle Danger Sanitary District? *Lake Co. will not issue a Permit within the Sanitary Districts without prior written approval from the Sanitary District. Phone number in Reference Section.</b>				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Within Sewer Planning Area?</b> If yes, please specify district: _____				
<b>Septic on Property?</b>		<b>Permit Number</b>	<b>Property Owner Name at Time of Installation</b>	<b>Year Installed</b>	<b>Date of Compliance Inspection</b>	<b># Bedrooms on COC</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No		SP-____-____				
<b>**IF NO Plumbing in any structure on property, an EXEMPTION CERTIFICATE must be signed, notarized, and attached to application. **</b>						

D. PROJECT PROPOSAL:	Structure 1	Structure 2	Structure 3
Type of Structure			
Proposed Use of Structure			
Living Quarters in Structure? Y/N			
-If Yes, # of Bedrooms			
Plumbing or pressurized water in structure?			
Dimensions of Structure, Incl. eaves. (ft. X ft.)	<u>          X          </u>	<u>          X          </u>	<u>          X          </u>
Max. Building Height (Avg. grade to peak)			
# of Stories			
<b>PUBLIC &amp; PLATTED ROADS:</b>			
Width of right of way from centerline Contact road authority for ROW width, phone # in Reference Section			
Structure measurement from the right-of- way distance stated above			
<b>PRIVATE ROADS:</b>			
Structure distance from centerline of road			
Near Side Lot Setback			
Far Side Lot Setback			
Rear Lot Line Setback (If Applicable)			
Structure Distance from Vegetation Line of Lake/River/Unclassified Waterway			
Structure Distance from Top of Bluff See definition in Reference Section			
Structure Distance from Septic Tank			
Structure Distance from Septic Treatment Area			

**Example Sketch**



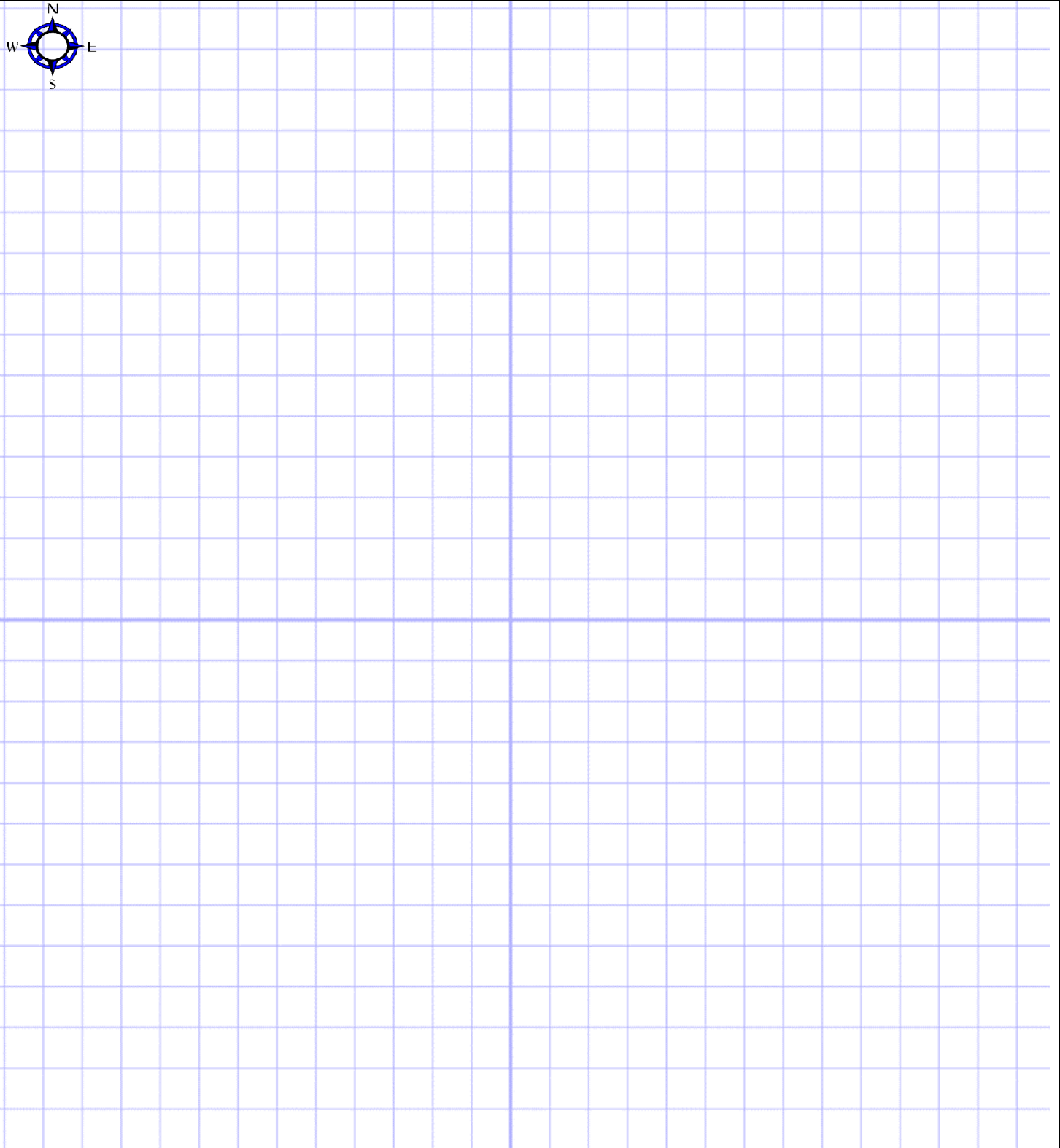
**E. STRUCTURE PLACEMENT SITE SKETCH FORM**

DRAW AND LABEL ON SKETCH:

- ALL EXISTING & PROPOSED Structures on the Property & Dimensions
- ALL Driveways and Access Roads
- Location of Erosion Control Measures
- Location of Steep Slopes (>18%) & Wetlands

- Distance of Structure(s) to Vegetation line of waterbody (Closest Point)
- Distance of Structure(s) to Top of Bluff (Closest Point)
- Distance of Structure(s) to Septic System & Tank
- Distance of Structure(s) to Well
- Distance of Structure(s) to Property Lines

You may attach a separate sheet IF it has the required information indicated above.



**F. EROSION CONTROL PRACTICES**

Indicate the following erosion control measures that will be used (before, during, and after) as part of your project.

<input type="checkbox"/> Maintaining Vegetative Buffer	<input type="checkbox"/> Berms or biologs	<input type="checkbox"/> Silt Fencing
<input type="checkbox"/> Native seed & mulch	<input type="checkbox"/> Erosion blankets	<input type="checkbox"/> Other: _____

**G. AGREEMENT & SIGNATURES**

**\*\* Proposed structures must be flagged \*\***  
**Failure to stake the proposed structure or flag the proposed driveway may delay the processing of this application.**  
**Random site visits are completed to check placement of proposed structures and driveways.**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you Flag/Mark the location of proposed activities?
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- I hereby certify that I am the owner of the described property and that all uses will conform with existing state laws and local ordinances.
- I further certify that I will comply with all conditions placed upon this permit should this application be approved.
- I agree to provide erosion control measures including, but not limited to, mulch and silt fencing in accordance with Best Management Practices.
- I certify that the separation distances on this sketch plan are to the best of my knowledge true and correct. Intentional or unintentional falsification of this application or any attachments thereto will serve to make this application and any resultant permit invalid.
- I consent to site visits by County representatives between the hours of 8:00 A.M. to 6:00 P.M. and understand that a land use permit must be issued prior to any activities taking place on the property.
- I agree to stabilize exposed soils and disturbed areas if left inactive for seven (7) days or more.

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Owner Name	Owner Signature	Date
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The property owner’s signature is required above if an Authorized Agent is to act on their behalf, giving permission to the agent to modify and make changes to this application. The Authorized Agent’s signature is also required.

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Authorized Agent Name	Authorized Agent Signature	Date
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**Contractor Statement**

I understand under contractor liability laws (M.S.103G.2212), that I share responsibility for compliance with appropriate laws & ordinances.

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Contractor Name	Contractor Signature	Date
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**-FOR OFFICE USE ONLY-**

Received By:	Date Received:	Zoning District:	Shoreland Classification:	NSMZ or EHA?
				NSMZ    EHA

Date of SSTS:	COC Date:	15 Business Day Return Date:	Site Visit:	Approved By:

Permit Fee	Payment Method	Receipt #:	Date Issued	Permit Number
\$	Cash    Check			Z-____-_____

**Remarks:**

	Application Revision Date: 6/15/2020
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## **REFERENCE INFORMATION**

### **CONTACTS:**

Knife River Sanitary District: (218) 349-9725  
Castle Danger Sanitary District: (218) 834-5255  
Minnesota Department of Transportation: (218) 725-2700  
Lake County Highway: (218) 834-8578

### **DEFINITIONS:**

**SHORELAND AREA:** Within 1,000' of a lake OR 300' of a river, OR within the North Shore Management Zone

**VEGETATION LINE:** The line defining where terrestrial vegetation begins. (This is commonly where a sod layer has developed.) The vegetation line is not where a single bush, tree, flower, etc. grows from the rocks or the side of a cliff. A sod layer is needed to be considered the vegetation line. If the vegetation line is not clear, we can assist in this determination.

**BLUFF:** A slope (hill, cliff, or embankment) rising 25 ft. or greater above the ordinary high water level of the waterbody and the grade of the slope from the toe of the bluff to a point 25 ft or more above the high water level averages 30% or greater.

**Lake County Atlas** is an online parcel viewer is a reference that may help you with collecting information for this permit application. It is NOT intended for legal purposes.

All Distance measurements for setbacks must be collected on the ground.

Go to: <https://www.co.lake.mn.us/>

### **FOR ELECTRICAL QUESTIONS PLEASE CONTACT:**

State of Minnesota  
Electrical Licensing & Inspection Unit  
4443 Lafayette Road N  
St. Paul, MN 55155-4342  
Phone: (651) 284-5026

[www.dli.mn.gov](http://www.dli.mn.gov) OR [www.electricity.state.mn.us](http://www.electricity.state.mn.us)