

Environmental Services  
 Planning & Zoning  
 Courthouse  
 601 Third Avenue  
 Two Harbors, MN 55616  
 (218) 834-8327

**LAKE COUNTY LAND USE APPLICATION  
 FOR CHANGE OF USE TO VACATION RENTAL HOME**

Permit # _____	_____
Routing: Applicant	Agent
Township	Sheriff
Health Dept	Assessor

PLEASE COMPLETE IN INK  
 INCLUDE FEES WITH APPLICATION  
 Fee: \$50 After-the-Fact (FR District Only): \$400

**INCOMPLETE APPLICATIONS WILL BE RETURNED!**

**A. GENERAL PROPERTY INFORMATION**

Property Owners name & Name of Vacation Rental Home (if applicable)	Day Phone: _____ Email: _____	Authorized Agent (if applicable)
Complete Mailing Address	Property Address (if other than mailing)	Agent Address (if applicable)

**B. PROPERTY DESCRIPTION**

Section	Township	Range	Township Name	Parcel Code # (REQUIRED)
Quarter Section/Legal Description				
Lake/River Name	Access Road	VACATION HOME RENTAL APPROVAL DATE		PERMIT NUMBER
Zoning District in which vacation rental home is being proposed: _____				

**C. VACATION RENTAL HOME REQUIREMENTS**

**Zoning Districts R-1, R-2, R-3, R-4, RR, CR, CU, & RC** will require **both** a Vacation Rental Home Land Use Permit & Interim Use Permit.  
**FR Zoning District** requires a Vacation Rental Home Land Use permit. (No Interim Use permit required.)  
**All Zoning Districts** must meet the minimum requirements set forth in Land Use Ordinance #12, Section 6.16.

Is an Interim Use Permit required for this zoning district?  Yes

- Parcel acreage: \_\_\_\_\_ Shoreline frontage (if applicable): \_\_\_\_\_ ft
- Septic permit # \_\_\_\_\_ Compliance Inspection Date: \_\_\_\_\_
- Number of homes and/or cabins on property? \_\_\_\_\_
- Contact Lake County Health Department (218-834-8356) for lodging licensing requirements.  
**REQUIRED: ATTACH COPY OF HEALTH LICENSE WITH THIS APPLICATION.**

**The items listed below are required when submitting this application.**

- Does the site have adequate on-site parking available?  Yes (Show location on sketch)
- At this time, are the property lines marked?  Yes  No **If no, provide detailed plan how this will be accomplished.**
- Do you have a system in place to keep a detailed report of overnight guests?  Yes  No
- Submit proof that a flow monitoring device has been installed for the septic system.
- Submit a copy of or picture of rental rules & regulations posted inside the rental unit.
- Submit copy of or picture of emergency contact name & phone number posted and available to renters.
- If any conditions were imposed with the Interim Use Permit approval, provide proof these conditions have been met.
- Submit Garbage Removal Service Agreement (attached with this application).

**This application will be considered incomplete and returned to the applicant if items 5 – 12 are not attached. Thank you.**  
**Signature required on back of application.**

**D. SKETCH**

**If an Interim Use is required, a copy of that sketch may be attached.**

The purpose of the sketch is to graphically illustrate the information included in your application.

Location of

- All structures & dimensions
- Driveway
- Access road (labeled)

Location of

- Property lines (size and shape of parcel)
- Well, septic & drain fields
- Shoreline or rear yard

Location of

- Parking area with dimensions



**E. SIGNATURE**

I hereby certify that I am the owner of the described property and that the information provided herewith is correct and representative of the existing conditions on the property.

I understand that falsifications of this application or any attachments thereto will serve to make this application and any subsequent permit invalid.

**X** \_\_\_\_\_  
OWNER OR AGENT NAME (PRINT)

**X** \_\_\_\_\_  
SIGNATURE OF OWNER OR AGENT

**X** \_\_\_\_\_  
DATE

*The property owner's signature is required below 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.*

Owner (print) \_\_\_\_\_ Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Authorized Agent (print) \_\_\_\_\_ Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

**F. OFFICE USE ONLY**

Permit #: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Zone District: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Interim Use Permit #: \_\_\_\_\_  
 Remarks: \_\_\_\_\_

**Lake County Planning and Zoning  
Interim Use Permit Requirement  
Garbage Removal Service**

IUP # \_\_\_\_\_

Property Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Emergency Contact \_\_\_\_\_

(must be able to respond in person)

Phone No. \_\_\_\_\_

Housekeeping Service \_\_\_\_\_

Phone No. \_\_\_\_\_

As property owner, I will be responsible to confirm that the Emergency Contact or Housekeeping Service identified above will provide garbage service for vacation rental guests. The garbage will be stored appropriately and will be collected and disposed of by a Lake County licensed waste hauler.

Garbage Hauler: \_\_\_\_\_

I also understand that Section 5.01 of the Lake County Solid Waste Ordinance No. 4 states "The property owner shall not permit solid waste to be placed in locations or in a manner that the solid waste may be scattered by wind, animals or insects."

Property Owner/Agent Signature \_\_\_\_\_

Date \_\_\_\_\_