

MINING CONDITIONAL USE PERMIT APPLICATION NO. _____ - _____

Larry Gasow, McLeod County Zoning Administrator
Glencoe, Minnesota – (320) 864-1291

You must call your township clerk to get on the agenda of your township board meeting for their 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:
Phone:	Phone:
e-Mail:	e-Mail:

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

this Conditional 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
-----------------------	------