

CITY OF FIFTY LAKES

PLANNING & ZONING

40447 TOWN HALL ROAD, BOX 125, FIFTY LAKES, MN 56448

Phone: (218) 763-3113 Fax: (218) 763-5113

LAND USE PERMIT CHECKLIST REQUIREMENTS AND INFORMATION

Only checked items are required for your project.

1. **SITE PLAN** – (All Construction) Showing all property lines, with the project set on site with accurate measurements from the project to the property lines. All existing and proposed structures must be located and dimensions indicated. A certified survey drawing may be required at the zoning administrator's discretion.
2. **PLAN DRAWINGS** – (All construction) A complete set of plans to include the following:
 - Floor plans (each level)
 - Elevation drawing (each side) that indicate height of the building according to height definition established by ordinance.
3. **SSTS DESIGN** – (New homes and additions) – A complete Subsurface Sewage Treatment System Site Evaluation and Design must be submitted by State Licensed Designer and / or Inspector. For bedroom additions, the applicant must verify that the existing system is designed for the water use as proposed.
4. **SSTS INSPECTION**– A current compliance inspection report must be submitted to the city when applying for a land use permit. SSTS compliance inspection reports less than three years old and installation reports less than five years old are considered current.
5. **DRIVEWAY LOCATION** – (New Construction) A request for E-911 address assignment along with a site must be submitted with proposed driveway location and setbacks from property lines. This will assist in the creation of an address for you as well as determine if you need a culvert. If driveway exits to a County highway, a driveway permit must be obtained from County before any permit is issued by City of Fifty Lakes.
6. **HEIGHT ABOVE OHWL** – Fifty Lakes ordinance (8.02.02, a, 1) requires all structures, at their lowest floor level, to be at least be three (3) feet above OHWL or the highest known water level.
7. **WETLAND IDENTIFICATION** – All onsite wetlands, as identified by the National Wetland Inventory (NWI) must be located on the site plan.
8. **LAND ALTERATIONS** – Any proposed grading and vegetation within and outside of the construction zone (20 feet from the building footprint) shall be indicated on the site plan.
9. **BLUFF DETERMINATION** – The applicant is responsible for determining if there is a bluff on their property according to the bluff definition established by the ordinance and meeting all required setbacks from the bluff. Surveyor's determination may be required.
10. **STAKING OF PROPOSED IMPROVEMENTS** – The applicant will be responsible for locating and marking all lot lines and the staking of proposed improvements before application is made to the Planning and Zoning office. Planning and Zoning staff will verify all setbacks prior to the issuance of any land use permit.

If the above items have not been met, the permitting process will not be able to be completed; this will delay your start time for the project. If you have any questions please feel free to ask; a question now may save time and money later.

NOTICE: The City of Fifty Lakes does not enforce the Minnesota State Building Code, however all State Licensed Contractors and property owners are responsible for complying with the State Building Code. For your protection, it is recommended that all property owners have new construction inspected and approved by a State Licensed Building Official.

It is unlawful for an unlicensed building contractor, remodeler or roofer to enter in to a contract with a property owner (MNSS 326B.801 – 362B.885).

I have read and fully understand the above information. The information provided in this application is true and correct.

Applicant Signature

Date

CITY OF FIFTY LAKES

☐ Project Completed

ID No:

40447 Town Hall Road / Box 125, Fifty Lakes, MN 56448

218-763-3113

www.fiftylakesmn.com

LAND USE PERMIT APPLICATION

RECODE: _____ INACTIVE: ☐ RECODE2: _____
LAST NAME: _____ FIRST NAME: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
OWNER: _____ RELATIONSHIP TO APPLICANT: _____
ADDRESS 2: _____
CITY 2: _____ STATE 2: _____ ZIP 2: _____
GENERAL CONTRACTOR: _____ LICENSE NUMBER: _____
ISTS CONTRACTOR: _____ LICENSE NUMBER: _____
For existing AND conforming subsurface sewage treatment systems, provide
installation date, permit number and/or certificate of compliance number:
Is this Permit Application the result of City Action? ☐ Yes ☐ No If Yes, Date of Action: _____
If Yes, specify: ☐ Variance ☐ Rezoning/Plat ☐ Late Permit Fee/Permit After the Fact
☐ Conditional Use ☐ Interim Use ☐ Planned Unit Development

LOCATION RECODE/PARCEL NUMBER: _____
LEGAL DESCRIPTION: _____

TOWNSHIP: _____ RANGE: _____ SEC: _____ QTRSEC: _____ QTRQTRSEC: _____
PLAT: _____ BLOCK: _____ LOT: _____
LAKE NAME: _____ LAKE NUMBER: _____ STREAM NAME: _____
ACREAGE: _____ FIRE NUMBER: _____ ZONING: _____
DIRECTIONS: _____
HOUSE NUMBER: _____ STREET NAME: _____

IS THE PROPOSED ZONING PERMIT IN THE SHORELAND AREA? ☐ Yes ☐ No
PROPOSED (continued) USE: ☐ Residential ☐ Agricultural ☐ Commercial ☐ Other
WHAT WILL BE DONE UNDER THIS PERMIT?: _____

DIMENSIONS (if applicable): _____
TYPE OF CONSTRUCTION (if applicable): ☐ Wood ☐ Metal ☐ Cement Block ☐ Other
TYPE OF FOUNDATION (if applicable): ☐ Block ☐ Wood ☐ Slab ☐ Other

SPECIAL CONDITIONS: _____

ESTIMATED VALUE OF IMPROVEMENTS: _____

SUPPLEMENTAL SHEETS: ☐ Subsurface Sewage Treatment System Site Evaluation ☐ Site Plan w/Lot Size and Setbacks
(Required, if checked) ☐ Floor Plan w/Dimensions ☐ Elevation Drawings/Ht of Structure
☐ Receipt of Paid Real Estate Taxes

NOTES: _____

I, the Applicant, do hereby certify that the above information and that contained in all attachments hereto, are correct to the best of my ability to certify; and that if the permit applied for is issued, I will agree to have the work performed thereunder in accordance with the terms of the City Ordinance, its Standards, and any requirements ordered by the City Council and Zoning Administrator, and all other applicable laws and regulations; and I further agree that in the event I fail to do as herein agreed and stated, the City Zoning Administrator may cancel the permit issued; and I further understand that any such permit granted shall expire as set forth elsewhere in the zoning ordinance, and no work allowed under this Permit shall continue thereafter unless an extension of time shall have been applied for and granted in writing.

NOTE TO APPLICANT: Your Individual Sewage Treatment System Installer MUST notify the Zoning Administrator before backfilling any installation.

APPLICATION DATE: _____ Signed _____
PERMIT ID: _____ FEE: _____ Applicant
DATE FEE PAID: _____ Signed _____
FEE PAID BY: ☐ Check # _____ ☐ Cash _____ City Clerk or authorized agent
DATE APPROVED: _____ Signed _____
EXPIRATION DATE: _____ Zoning Administrator or authorized agent