

# SYLVAN COMMERCIAL ORDINANCE GENERAL BUSINESS APPLICATION



**SYLVAN TOWNSHIP**  
**COUNTY OF CASS**  
**STATE OF MINNESOTA**  
**12956 24<sup>th</sup> AVE SW**  
**PILLAGER, MN 56473**  
**Phone: 218/746-3652**  
**Fax: 218/746-3612**

**For Office Use Only:**

Received by: \_\_\_\_\_  
 Fee Paid: \_\_\_\_\_  
 Base Fee: \_\_\_\_\_  
 Escrow: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Date Deemed Complete: \_\_\_\_\_  
 Date On-Site Inspection Made: \_\_\_\_\_  
 Date Final Inspection: \_\_\_\_\_

| <b>TYPE OF APPLICATION</b>  |                                      |           |
|---|--------------------------------------|-----------|
| <input type="checkbox"/> General Business Permit<br><input type="checkbox"/> Conditional Use Permit<br><input type="checkbox"/> Interim Use Permit<br><input type="checkbox"/> Variance | <input type="checkbox"/> Other _____ |           |
| <b>PROPERTY INFORMATION</b>   |                                      |           |
| Street Address:   |                                      |           |
| Property Identification Number (PIN#):  |                                      |           |
| Legal Description (Attach if necessary):  |                                      |           |
|   |                                      |           |
| <b>OWNER INFORMATION</b>  |                                      |           |
| Name:   | Business Name:                       |           |
| Address:  |                                      |           |
| City  | State:                               | Zip Code: |
| Telephone:  | Fax:                                 | E-mail:   |
| Contact:  |                                      | Title:    |
| <b>APPLICANT/DEVELOPER INFORMATION</b> (if different from owner)  |                                      |           |
| Name:   | Business Name:                       |           |
| Address:  |                                      |           |
| City:   | State:                               | Zip Code: |

|  |                |   |  |              |           |
|--|----------------|---|--|--------------|-----------|
| Telephone:   |                | Fax:  |  | E-mail:      |           |
| Contact:   |                |   |  | Title:       |           |
| <b>LOT/PRIMARY STRUCTURE CHARACTERISTICS</b>   |                |   |  |              |           |
| Lot depth x Lot width = Lot area   |                |   | Owner when septic system installed                               |              | Year      |
|  |                |   | Date of last septic system inspection                            |              |           |
|  |                |   | Current Certificate of Sewer Compliance Provided                 |              |           |
|  |                |   | <input type="checkbox"/> Yes <input type="checkbox"/> No         |              |           |
| Size of current structure(s)<br>(If more than one, identify by letter)   |                |   | Actual foundation sizes  |              |           |
| Well <input type="checkbox"/> Deep<br>Depth <input type="checkbox"/> Shallow   | Water frontage |   | Former Owner   |              | Year sold |
|  | feet           |   |  |              |           |
| Elevation at building  | ft             | Building height   | ft   | Lake setback | ft        |
| Minimum side yard  |                | Road right-of-way dimensions                                    |  | ft           |           |
|  |                | Surface of road   |  |              |           |
|  |                | Jurisdiction - private / township / county / state (circle one) |  |              |           |
| <b>DESCRIPTION OF PREVIOUS AUTHORIZATION</b>   |                |   |  |              |           |
| List all current and expired permits approved/issued by any governmental agency( i.e. CUPS, PUDS, Variances, DNR permits and other): |                |   |  |              |           |
| <br><br><br>   |                |   |  |              |           |
| <b>DESCRIPTION OF REQUEST</b> (attach additional information if needed)  |                |   |  |              |           |
| Existing Use of Property:  |                |   |  |              |           |
| <br><br><br>   |                |   |  |              |           |
| Size of proposed structure(s)<br>(If more than one, identify by letter)  |                |   | Actual foundation size(s)  |              |           |
|  |                |   |  |              |           |
|  |                |   | <b>Attach a complete foundation drawing to this application.</b> |              |           |
| Identify proposed structure(s) as new, addition, or replacement  |                |   |  |              |           |
| <br><br><br>   |                |   |  |              |           |
| Nature of Proposed Use:  |                |   |  |              |           |
| <br><br><br>   |                |   |  |              |           |

|   |
|---|
| Reason(s) to Approve Request:   |
|   |
|   |
|   |
| <b>CODE REQUIREMENTS</b>  |
| Follow the MN State Building Code.<br>Follow the MN State Fire Code.<br>Contact:<br>E-mail: Pillagerareafire@scicable.com<br>Fax: 218-746-3646<br>Telephone: Greg Ringler, Fire Chief, 218-746-4577 |

**APPLICATION FEES AND EXPENSES:** By signing this application form, I agree that all fees and expenses incurred by the Township for the processing of this application, including costs for professional services, are the responsibility of the property owner to be paid immediately upon receipt or the Township may approve a special assessment for which the property owner specifically agrees to be assessed for 100 percent per annum and waives any and all appeals under Minnesota Statutes 429.81 as amended. All fees and expenses are due whether the application is approved or denied or withdrawn. Escrow fees may not cover actual expenses; any additional fees will be billed.

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials submitted in support of this application are in compliance with adopted County/Township policy and ordinance requirements are complete to the best of my knowledge. I further understand that this application will be processed in accordance with established County/Township review procedures and Minnesota Statutes 15.99 as amended, at such time as it is determined to be complete. Pursuant to Minnesota Statutes 15.99, the Township will notify the applicant within fifteen (15) days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the County/Township may be cause for denying this application.

The applicant hereby makes application for a development permit as specific above, and agrees to do all work in strict accordance with all Cass County and Sylvan Township, Minnesota ordinances. The applicant agrees that all plot plans, sketches, and specifications submitted herewith and which are approved by the Township shall become part of the permit. The applicant further agrees to grant permission to Sylvan Township or Cass County Environmental Services Department personnel to enter the applicant's premises at reasonable times during the application process and thereafter to make necessary inspections or to subsequently check for compliance with permit conditions or other applicable County or State ordinances.

THE APPLICANT UNDERSTANDS THAT IT IS THE APPLICANT'S SOLE RESPONSIBILITY TO OBTAIN ALL OTHER FEDERAL, STATE, OR LOCAL AGENCY PERMITS WHICH MAY APPLY TO THE ABOVE DESCRIBED PROJECT.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Applications must be signed by all property owners. Applications only accepted with **ALL required support documents and fees**. See Development Application Checklist and SCO Ordinance.