

**INSTRUCTIONS****WARNING--PROCEEDING WITHOUT A PERMIT**

Any work within Todd Township, which requires a permit, cannot be legally started until a permit is issued by the Todd Township Zoning Administrator. Any work done without said permit constitutes a misdemeanor punishable by fines of \$1000 and/or 90 days in jail. Pursuant to the Zoning Ordinance 2007 – 02.01, the Zoning Administrator also has the authority to require restoration of any work done without a permit or beyond the work authorized by a permit and will assess double the additional application fee.

1. **Wastewater Treatment.** In conjunction with this application, a background check must be done to ensure that any Individual Sewage Treatment System (ISTS) on this property is conforming to current standards. If a non-conforming system is found, ISTS Permit must be applied from the Hubbard County Environmental Services, including a site evaluation and sewage treatment system design. The ISTS upgrade must be completed and a certificate of compliance issued within one year of the date that the system design is approved by the permitting authority.

For any sewage treatment system installation, copies of a sewage treatment system site evaluation and system design completed by a state licensed evaluator and designer must be included with this application. If this is an addition to an existing structure that could be used as an additional bedroom, a Certificate of Compliance must be obtained and submitted prior to a permit is issued. Contact Hubbard County Environmental Services (218-732-3890) for a list of Licensed Registered Professionals. **NOTE:** A Sewage Treatment System Field Evaluation must be submitted with a permit prior to any development.

2. **A Site Plan Drawing must accompany each application:**

- a. The site plan must show all existing & proposed buildings, giving all dimensions.
- b. Well and septic systems. Show the existing or future location of wells on parcel and all neighboring adjacent properties.
- c. Driveways, roads, & highways.
- d. Pertinent setback information, such as distances to road centerline & road right-of-way, wells, septic systems, lakes that are man made or otherwise and any potential wetlands.
- e. State "proposed new" or "existing" on buildings, wells, and septic systems.
- f. Physically locate and mark property lines or corner markers with stakes. Stake out areas of proposed buildings, septic system(s), and wells.

4. **NOTE:** Any work to be done between the building setback line and the shoreline of State protected water will require a shore land alteration permit.
5. **Accurate information must be given.** A Permit is granted upon the express conditions that the person to whom it is granted, his agent, employees and/or workmen shall conform in all respects to all Township, County and State ordinances, rules, and regulations. **This permit may be suspended at any time upon violation of any ordinance or if the information provided in this application is found to be misleading or inaccurate.** A Land Use Permit is valid for one (1) year from the date of issuance.
6. **Completed Application.** When you have completed the application and all accompanying plans, etc., mail or deliver it to the Zoning Administrator (card attached). A fee schedule is attached and the fee must accompany each application. Make check payable to "Todd Township". For any questions, you can contact Todd Township at 1-218-252-1338.

I have read and fully understand the above instructions. I hereby swear that all information provided in this application is true and correct. The undersigned further states that there are no delinquent property taxes, special assessments, penalties, interest, and/or utility fees due on the parcel to which the application relates.

 Applicant(s)

 Date

page 3.

**TODD TOWNSHIP
HUBBARD COUNTY
STATE OF MINNESOTA**

Building Application

Parcel Identification Number: _____ E-911 Address: _____

Property Owner(s): _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell: _____ E-Mail (optional): _____

Fax: _____

Property Address: _____

Legal Description: (can use Copy of Deed, Certificate of Survey required upon receipt of this form).

Section #: _____

Township: _____

Range: _____

Contractor Name: _____

License No. _____

Address and Phone: _____

TYPE OF STRUCTURE:

1. Residential Structure:

New Home, Attached Garage, Deck:

Total Square Feet

Fee:

Dimensions

Height to Peak:

Mobile Home:

RV:

2. Detached Garage:

Dimensions:

Fee:

Total Square Feet:

3. Addition to Residential Structure:

Dimensions:

Height to Peak:

Total Square Feet

Fee:

**TODD TOWNSHIP
HUBBARD COUNTY
STATE OF MINNESOTA**

Building Application

- | | | |
|------------------------------------|------------------|-------------------|
| 4. Accessory Structure: | Dimensions: | Height to Peak: |
| Total Square Feet: | | |
| Building Type: | | |
| Garage _____ | Pole Bldg: _____ | Gazebo: _____ |
| Other: _____ | | Fee: _____ |
| | | |
| 5. Decks: | Dimensions: | |
| Total Square Feet: | | Fee: |
| | | |
| 6. Sign: | Dimensions: | Height to Peak: |
| Total Square Feet: | | Fee: |
| | | |
| 7. Commercial Building: | Dimensions: | Height to Peak: |
| Total Square Feet: | | Fee: |
| | | |
| 8. Commercial Accessory Structure: | Dimensions: | Height to Peak: |
| Total Square Feet: | | Fee: |
| | | |
| 9. Other: | Dimensions: | Height to Peak: |
| Total Square Feet: | | Fee: |

I / We hereby swear that all of the information included in this application with attached materials is true and correct. We further give the Township and its designated representatives the right to enter said property 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 Township Ordinances.

Applicant Signature

Date

Certification

In addition, I / We, the owners of above said property certify that there are no delinquent property taxes, special assessments, penalties, interest, and utility fees due on the parcel to which the application relates.

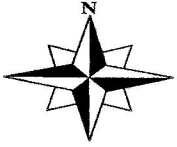
Applicant Signature

Date

Attachments: Site Plan Drawing(s), legal description document, copies of wastewater treatment certificate of compliance or other, and any other permits required.

SITE PLAN DRAWING

(Please review instruction # 2 on Page 3)



I hereby certify and agree that the above site plan drawing accurately represents the work to be done in conjunction with this permit or restoration order.

APPLICANT OR AGENT

DATE

Drawn by: _____