

**Haven Township  
PLANNING & ZONING ADMINISTRATION**

Address: P.O. Box 339  
St. Cloud, MN 56302-339  
Phone Number: (320) 248-5866

| Application for Interim Use Permit (IUP) |                         |  |
|--|-------------------------|--|
| _____ IUP                                | \$2,500 Application Fee | Receipt No. _____<br>Date Paid _____   |
| \$_____ Total Paid                       |                         | Date of Complete Application:<br><i>(for office use only)</i><br>_____/_____/_____ |
| <b><i>Fees are Non-Refundable</i></b>    |                         |  |

***To be completed by Applicant***

|  |                                   |
|--|-----------------------------------|
| Applicant's Name: _____  | Daytime Phone: _____              |
| Applicant's Address: _____<br>_____  | Cell Phone: _____<br>Email: _____ |
| Property Owner(s): _____   |                                   |
| Property Owner's Address: _____  |                                   |
| Legal Description: _____<br>_____  |                                   |
| Acreage: _____ Section: _____ Township: _____ Range: _____   |                                   |
| PID: _____ Zoning District: _____  |                                   |
| Record of last septic upgrade: _____ or Compliance Inspection: _____   |                                   |
| Explanation of Request: <u>[attach a separate sheet of paper with information required in Section 16, Subd. 2, and with any specific information required under Section 12.]</u> |                                   |
| Does this request comply with your Protective Covenants?(check one) Yes ___ No ___ N/A ___   |                                   |

|                                    |             |
|------------------------------------|-------------|
| Applicant's Signature: _____       | Date: _____ |
| Print Name of Applicant: _____     |             |
| Property Owner(s) Signature: _____ | Date: _____ |
| Print Name of Owner(s): _____      |             |

By signing this Application, the landowner(s) agree to permit the Town to enter the property for the purposes of inspecting the applied and/or permitted use.

**Applications will not be considered complete until the following has been received**  
 (Staff will check items for Applicant to submit depending upon the type of project):

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Application to be signed and dated by Applicant(s) and Property Owner(s)  |
| <input type="checkbox"/> | Fees Paid    Receipt # _____    Recording Fee Paid: _____   |
| <input type="checkbox"/> | Certificate of Septic Compliance (see Sherburne County)   |
| <input type="checkbox"/> | Written description of the business, use, and/or activities on the property   |
| <input type="checkbox"/> | Building Floor Plan, include dimensions   |
| <input type="checkbox"/> | Site Plan or Aerial Photograph showing all existing and proposed buildings (include dimensions), wells, septic, outside storage areas, driveway, pedestrian access, parking areas, and public & private easements |
| <input type="checkbox"/> | Description of the type and number of vehicles used on the property (i.e. cars, trucks, trailers, bobcat, etc.)   |
| <input type="checkbox"/> | Days and hours of operation   |
| <input type="checkbox"/> | Number of employees using the property, including sub-contractors (fulltime & part-time)  |
| <input type="checkbox"/> | Signage (must have sign posted with 24hr emergency contact information)   |
| <input type="checkbox"/> | Existing and proposed screening to hide use from neighboring homes  |
| <input type="checkbox"/> | Certificate of insurance  |
| <input type="checkbox"/> | Bathroom facilities   |
| <input type="checkbox"/> | How waste is disposed of (copy of waste hauler contract)  |
| <input type="checkbox"/> | Security plan   |
| <input type="checkbox"/> | How any noise, dust, or odors will be mitigated   |
| <input type="checkbox"/> | Are there any state or federal license or permits required?   |
| <input type="checkbox"/> | Erosion control methods   |
| <input type="checkbox"/> | Wetland impact approval, completed by TEP Panel   |
| <input type="checkbox"/> | Comments from City of St. Cloud   |
| <input type="checkbox"/> | Comments from County Highway Department   |
| <input type="checkbox"/> | Comments from MnDOT   |
| <input type="checkbox"/> | Comments from Sauk Rapids Fire Department   |
| <input type="checkbox"/> | Comments from Sherburne County Planning Office (if required)  |
| <input type="checkbox"/> | Other _____   |

**Application requests will not be scheduled for a public hearing until all comments have been received by the Zoning Office. Return Applications to:**  
**Haven Township**  
**P.O. Box 339**  
**St. Cloud, MN 56302-339**

**What happens next?**  
 The Town will review your application and mail you a letter if your application is complete, or a letter stating the reasons why your application is not complete, and what additional information is needed. Then your IUP will be scheduled for a Public Hearing with the Town Planning Commission, who may give a recommendation for approval or denial. Your neighbors will be notified of your application and be given an opportunity to speak for or against your request at the Public Hearing. Your IUP will then be reviewed by the Town Board for approval, denial, or they may send your request back to the Planning Commission for consideration. The Town Board's decision to approve/deny your IUP is then recorded in the Recorder's Office.  
 It typically takes 2-3 months from the time a complete application is submitted until the Town Board acts on the IUP. If you have any questions, please call Haven Township.