



NEW BUSINESS – PERMIT EXTENSION

Application: Land Use Permit Extension
Applicant: Donald and Catherine McFee
Agenda Item: 6 (a)

Background Information: Donald and Catherine McFee were issued Land Use Permit #16-26 June 16, 2016 to remove the existing dwelling and construct a new dwelling. The existing dwelling was removed. Due to unforeseen circumstances, the McFee's were unable to begin construction of the new dwelling. On July 31, 2018 Land Use Permit #18-56 was administratively issued extending the permit for six months, to January 31, 2019. The septic system was installed and half of the footings were constructed during the six-month permit extension.

Mr. and Mrs. McFee have applied for a permit extension to construct the new dwelling. They have requested the permit be extended to April 15, 2020.

Mr. McFee will attend the Planning Commission meeting to answer any questions you may have.

Applicable Regulations:

Section 17-11.8 LAND USE PERMITS

7. Unless extended by the Zoning Administrator, where a Land Use Permit has been issued but no action has occurred within 12 months, the Land Use Permit shall be null and void. Exterior work on the structure shall be complete in 24 months from the issuance of the Land Use Permit. The time limit may be extended up to six months by the Zoning Administrator for good cause. A second extension shall be decided by the Planning Commission.

Staff Recommendation: We recommend that Land Use Permit #18-56 be extended to April 15, 2020 or to a date determined by the Planning Commission.

APP# 19-21
 SF# _____
 Date 12-21-18
 DWSMA NO
 For office use only

**CITY OF PEQUOT LAKES
 LAND USE PERMIT APPLICATION**

Name of Applicant Alexandry + Catherine McLean Phone C1-952-232-8326
C2-612-790-7942
 Mailing Address 7121 Hwy Ridge Road Email djmclean@msu.com
 City, State, Zip Pequot Lakes, MN 55014

Applicant is:

- Legal Owner
- Contract Buyer
- Option Holder
- Agent
- Other

Title Holder of Property
 (if not applicant)

 (Name)

 (Address)

 (City, State, Zip)

Signature of Owner, authorizing application (required): [Signature] *
 (By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

Signature of Applicant (if different than owner): _____
 (By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

Location of property involved in this request:
3890 Columbus Drive

Property Parcel ID (# on Tax Statement) 19107 004 018-0009 - 19107 004 030 000 9
 Zoning District SR, Lake Name Vidley

State nature of request in detail: (What are you proposing for the property? If a new dwelling, indicate number of stories and foundation type.)

Extend and Use Permit #18-56 to
April 15, 2020.

Approved by the Zoning Department: _____ Date: _____

Revision to previously issued Land Use Permit No. 16-26 (7/12/16)

APP # 16-39

SF # _____

Date 7-12-16

DWSMA NO

For office use only

CITY OF PEQUOT LAKES
LAND USE PERMIT APPLICATION

Name of Applicant Donald J. & Catherine A. McFee Phone C: 952-232-8326

Mailing Address 7121 Ivy Ridge Lane Email: djmcfee@msn.com

City, State, Zip Lino Lakes, MN 55014

Applicant is:

Legal Owner (X)
Contract Buyer ()
Option Holder ()
Agent ()
Other _____

Title Holder of Property:
(if not applicant)

(Name)

(Address)

(City, State, Zip)

Signature of Owner, authorizing application (required): X: *Donald J. McFee*

Date: 7/12/16

X: *Catherine A. McFee*

(By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

Signature of Applicant (if different than owner): n/a

(By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

Location of property involved in this request:

3890 Coleman Drive, Pequot Lakes, MN 56472

Property Parcel IDs (# on Tax Statement) 291070040180009, 291070040190009, 291070040200009

Zoning District Shoreline Residential, Lake Name Sibley Lake

State nature of request in detail: (What are you proposing for the property? If a new dwelling, indicate number of stories and foundation type.)

1. Demolish and remove entire Roof, Main Level, Lower (Street) Level, and Foundation.
2. Rebuild new house on existing footprint of existing building with a small additions to remove "zigs & zags" of existing building to provide a more "squared-off" building.
3. Remove existing non-compliant septic system and install new Certified Design Septic System. SSTS Permit No.: S-16-10
4. Number of stories: 2 - Lower (Street) Level and Upper Level (Tuck-under Garage Style, same as existing).
5. New foundation.
6. 3 Bedrooms.

38' x 42' Dwelling, basement + main level; roadside deck 8' x 45' and 8.7' x 5', plus steps; lake side deck 8' x 5' plus stairs + landings.

Approved by the Zoning Department: *A. Butler*

Date: 7-14-16

**CITY OF PEQUOT LAKES
AUTHORIZED CONSTRUCTION**

Land Use Permit No. 16-39

OWNER: Donald McFee

LOCATION: 3890 Coleman Drive

PIN: 291070040180009 - 291070040200009

ISSUED: July 14, 2016

WORK AUTHORIZED: Amend Land Use Permit No. 16-26 to remove existing dwelling and construct a 38' X 42' dwelling with basement, and two decks per plans and site plan submitted.

Note: \$586.70 Fee Paid

This permit must be posted in a conspicuous place on the premises on which work is to be done and remain until completion of work.

Permit expires one year from date of issuance.

Zoning Specialist

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APP # 18-56
 SF # _____
 Date 7-31-18
 DWSMA NO
 For office use only

**CITY OF PEQUOT LAKES
 LAND USE PERMIT APPLICATION**

Name of Applicant Donald & Catherine A. Necton Phone CI: 452-232-8326
CI: 612-710-7942
 Mailing Address 7121 Long Ridge Road Email djnctee@msn.com
 City, State, Zip Lisette Lakes, Me, 55014

Applicant is: Legal Owner
 Contract Buyer
 Option Holder
 Agent
 Other _____

Title Holder of Property:
 (if not applicant)

 (Name)

 (Address)

 (City, State, Zip)

Signature of Owner, authorizing application (required): [Signature]
 (By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

Signature of Applicant (if different than owner): _____
 (By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

Location of property involved in this request:
3890 Coleman Drive

Property Parcel ID (# on Tax Statement) 291070040180009-291070040200009
 Zoning District SK, Lake Name Kilby

State nature of request in detail: (What are you proposing for the property? If a new dwelling, indicate number of stories and foundation type.)
Extended Land Use Permit # 16-39 for 6
months.

Approved by the Zoning Department: [Signature] Date: 7-31-18

EMAILED TO DAWN
 7/31/18

**CITY OF PEQUOT LAKES
AUTHORIZED CONSTRUCTION**

Land Use Permit No. 18-56

OWNER: Donald J. and Catherine A. McFee

LOCATION: 3890 Coleman Drive

PIN: 291070040180009 - 291070040200009

ISSUED: July 31, 2018

WORK AUTHORIZED: Extend Land Use Permit #16-39 for six months, to January 31, 2019.

Note: \$58.67 Fee Paid

This permit must be posted in a conspicuous place on the premises on which work is to be done and remain until completion of work.

Permit expires one year from date of issuance.

Zoning Specialist

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