



# Conditional Use Permit (CUP)/ Interim Use Permit (IUP) Checklist

**The following information is required before the application will be accepted and considered complete:**

*For more information on required application materials, refer to Chapter 2 of the Zoning Ordinance [section 2-6 for CUP and 2-7 for IUP] on-line at [www.scottcountymn.gov](http://www.scottcountymn.gov)  
Select "Community", "Planning & Zoning" then "Checklists & Fact Sheets"*

**Applicant Check-In**

**Staff Check-In**

- |                          |   |                          |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | Complete land use permit application, signed and dated by applicant and landowner   | <input type="checkbox"/> |
| <input type="checkbox"/> | Application and recording fee: \$701 and Escrow: \$1,000 - residential and agricultural zoning districts; or \$2000 - commercial or industrial zoning districts                   | <input type="checkbox"/> |
| <input type="checkbox"/> | Township meeting scheduled ( <i>Township recommendation required prior to PC meeting - Please contact the respective Town Clerk for Town Board meeting schedule</i> )             | <input type="checkbox"/> |
| <input type="checkbox"/> | Complete legal description and parcel address for all subject parcels   | <input type="checkbox"/> |
| <input type="checkbox"/> | Three (3) <b>folded</b> paper copies of application materials and related plans   | <input type="checkbox"/> |
| <input type="checkbox"/> | One (1) copy of all application materials in digital format<br><i>(Reports in PDF or DOC, any plans in PDF or GIS Shapefile)</i>  | <input type="checkbox"/> |
| <input type="checkbox"/> | One (1) reproducible 8.5"x11" copy of application materials and related plans   | <input type="checkbox"/> |
| <input type="checkbox"/> | Written explanation of proposal and how it complies with criteria for approval<br><i>(as defined in the Zoning Ord., - see section 2-6-1 for CUPs and section 2-7-1 for IUPs)</i> | <input type="checkbox"/> |
| <input type="checkbox"/> | Certificate of survey or detailed site plan ( <i>See Zoning Ord., section 2-10-3</i> )  | <input type="checkbox"/> |
| <input type="checkbox"/> | Grading, drainage, and erosion control plan or resource management plan and Wetland Delineation (if required). ( <i>See Zoning Ord., Chapter 6</i> )                              | <input type="checkbox"/> |
| <input type="checkbox"/> | Screening/landscaping plan ( <i>See Zoning Ord., section 4-4</i> )  | <input type="checkbox"/> |
| <input type="checkbox"/> | Architectural elevations and floor plans of proposed buildings  | <input type="checkbox"/> |
| <input type="checkbox"/> | Lighting plan and photometric plan ( <i>If applicable - See Zoning Ord., section 4-5</i> )  | <input type="checkbox"/> |
| <input type="checkbox"/> | Nuisance mitigation plan ( <i>Related to noise, odors, glare, dust or similar nuisance issues</i> )   | <input type="checkbox"/> |
| <input type="checkbox"/> | Other application materials as required by staff: _____   | <input type="checkbox"/> |

*I hereby certify that the application and related materials contain all the required information and the supporting data are true and correct to the best of my knowledge.*      **Applicant Initial Here:** \_\_\_\_\_

Project Review Information -- Office Use Only --						
<b>PROJECT NAME:</b>	Building Official	Environmental Health	Highway Dept.	Natural Resources	MN DNR	MN DOT
	SWCD	Surveyor's Office	Watershed District	Parks	City:	County:
<b>Planning Staff Contact:</b>	<b>Phone #:</b>	<b>Application #:</b>	<b>15-Day Deadline:</b>	<b>Review Deadline:</b>	<b>PID:</b>	

### **PAC/BOA Submittal Deadlines:**

The following is a list of deadlines for a complete application to be accepted by the Planning Department for scheduling a hearing at a Planning Advisory Commission/Board of Adjustment meeting (hearings are the 2<sup>nd</sup> Monday each month, unless otherwise noted). Submittal by the indicated deadline does not guarantee the application will be accepted for the desired PAC/BOA meeting.

#### **2020**

<b>PAC/BOA MEETING DATE</b>	<b>FINAL SUBMITTAL DATE</b>
January 13, 2020	December 2, 2019
February 10, 2020	December 30, 2019
March 9, 2020	January 27, 2020
April 13, 2020	March 2, 2020
May 11, 2020	March 30, 2020
June 8, 2020	April 27, 2020
July 13, 2020	June 1, 2020
August 10, 2020	June 29, 2020
September 14, 2020	August 3, 2020
October 12, 2020	August 31, 2020
November 9, 2020	September 28, 2020
December 14, 2020	November 2, 2020
January 11, 2021	November 30, 2020

#### **Meeting Location:**

The Planning Advisory Commission/Board of Adjustment meet in the County Board Room located on the 2<sup>nd</sup> floor of the Scott County Government Center (200 4<sup>th</sup> Ave West, Shakopee).

#### **MAILING ADDRESS:**

**Scott County Planning & Resource Management**  
**200 Fourth Avenue West Rm 114, Shakopee, MN 55379**  
**Phone: (952) 496-8653 Fax: (952) 496-8496**  
[www.scottcountymn.gov](http://www.scottcountymn.gov)