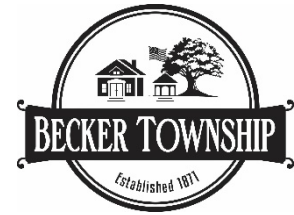


Administrative Business Permit

PO Box 248
12165 Hancock Street
Becker, MN 55308

www.beckertownship.org

763-261-5301



Date Received _____

Fee – \$100

Payment method: _____

Parcel ID Number <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Property Owner(s)	
Address	
City	
State/Zip	
Daytime Phone	
Email	
Cell Phone	

ATTACHMENT: BUSINESS DESCRIPTION

Attach a Project Narrative. This narrative is to fully describe your business. A typewritten narrative explaining your business in detail should include, but not limited to, all of the following applicable information:

- Detailed description of business
- Hours of Operation
- Number of Employees
- Acres of land
- Parking stalls, existing and additional
- Is there proposed screening?
- Is there proposed signing? Type, location and size should be indicated. A separate building permit may be needed for any signing.
- Is there outdoor storage proposed?
- What is being stored?
- How much is being stored?
- Proposed screening?
- Expected traffic generation
- Sewage Treatment system
- Area of Accessory Structures used for business purposes
- Site plan showing structures used for business (show buildings on property and their/uses)

PROCEDURE

Township Staff will review your application, verifying standards listed in ordinance and your narrative. Township Staff has the discretion to require review and approval by the Planning and Joint Planning Board, including the need for approval of an Interim Use Permit.

REQUIRED SIGNATURES

I HEREBY CERTIFY that I have no delinquent property taxes, special assessments, penalties, or interest due on the parcel to which the application relates. I am also aware that the property taxes which are being paid under the provisions of a court order or which are in the process of being appealed are not considered delinquent for purposes of this law if all payments under the terms of the order or appeal have been paid.

I FURTHER CERTIFY that if I am in violation of this requirement, the Town of Becker may deny the permit application by law.

I HEREBY STATE that all of the information stated in this application is true and accurate to the best of my knowledge.

Signature of Owner (s) Date Printed Name

Signature of Owner (s) Date Printed Name

STAFF REVIEW

BUSINESS DESCRIPTION HAS BEEN REVIEWED _____
INITIALS

ADMINISTRATIVE BUSINESS PERMIT IS APPROPRIATE _____
INITIALS

IUP REQUIRED – REASON(S) BELOW.

