

HOME OCCUPATION PERMIT APPLICATION

Applicant/Contact Information

Applicant Name	Robin Veach Fitzgerald			
Applicant Address	Street address 7202 181 st ave NW	City Ramsey	State MN	Zip 55303
Home Phone Number (763) 712-4809	Work Phone Number () —			
Email Address equestrianguest@yahoo.com	Fax Number () —			
Cell Phone Number (763) 226-4471				
Name of Business (if applicable) 2nd chance Youth Ranch, Inc.				
Business Address (if applicable) same				
Business Phone Number same		Business Fax Number		

Proposed Site (Subject Property) Information

Address 7202 181 st ave N.W. RAMSEY, MN 55303	
PIN 043225110004	Lot Size 7.16 ACRES
Legal Description THE E 231 FT. OF NE 1/4 OF N.E 1/4 OF SEC. 4 TWP 32 Range 25, EX RD, Subj. to EASE OFF REC.	
(circle one)	
Zoning R-1 / <u>R-2</u> / R-3 / TC / Mixed-Use / PUD other _____	

Supplemental Questionnaire

Does the home occupation owner live in the home on the property? Yes () -or- No ()

Does the home occupation owner rent or own the property? Yes () -or- No ()

Will any part of the occupation be conducted in the home? Yes () -or- No ()

If so, what activities will be conducted in the home and in which room(s)?

What is the gross living area of the home? 1848 sq ft

How much of that area will be used for the occupation? 0

Will an attached garage or any detached accessory building or garage be used for the occupation? Yes () -or- No ()

If so, explain:

<u>30' x 40' Current Barn is ^{will be} used for</u>
<u>Program</u>

Will there be at least 400 square feet of garage space reserved for indoor residential parking and storage related to the residential use on the property? Yes () -or- No ()

Will any structural additions or alterations to home or garages be required for this occupation? Yes () -or- No ()

If so, explain:

Will you employ persons that do not live in the home on the property? Yes () -or- No ()

If yes, how many non-resident employees will work on the site? 0

How many non-resident employees will work off-site? 0

Will it be necessary employees working off-site to come to the home? NO

If so, explain:

Will only have volunteers - no offsite work

Will customers or clients come to the property? Yes () -or- No ()

How many vehicle trips per day do you anticipate entering and leaving the property in a typical 24 hour period? (this includes employees, customers, deliveries, etc.)?

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Will any vehicles, other than your private car(s), be used in connection with the home occupation? Yes () -or- No ()

If so, provide number, size and type of vehicles:

Do you intend to store supplies and/or materials on the site? Yes () -or- No ()

Please describe items to be stored and where?

Feed, tack, equipment ie tractors

Are any of the home occupation processes or materials subject to review and permitting by Anoka County Environmental Services? Yes () -or- No ()

If so, explain and/or provide necessary documents.

LEVEL I AUTHORIZATION OF APPLICATION

(Application does NOT require Planning Commission Recommendation and City Council Approval)

I hereby apply for a Home Occupation Permit and I acknowledge that the information above is complete and accurate; that I have read and understand the regulations pertaining to Home Occupations (City Code Section 117-351) and believe to the best of my knowledge that the proposed Home Occupation will not violate any portion of said code. I understand that any change in the information may invalidate this approval and require a new application. I understand my Home Occupation application may be revoked if it is determined by the Zoning Administrator that it constitutes a fire hazard to neighboring residences, or a nuisance to neighbors because of excessive traffic, light glare, noise, odors, vibration or other circumstances, as determined by the Zoning Administrator. I also understand that my Home Occupation Permit may be revoked by the Zoning Administrator if I fail to comply with all the provisions.

I also understand that as the applicant, it is my responsibility to obtain all other permits or licenses required by any applicable regulatory agencies for this Land Use Application.

<i>Robin Veach Fitzgerald</i> 11/3/11	<i>Scott Styer</i> 11/3/11
Applicant Signature Date	Co-Applicant Signature Date

I hereby certify that I am the fee title owner/contract for deed vendee of record for the above-mentioned property. Failure to prove ownership may void any agreements entered into by the City of Ramsey and I will be held liable for any and all costs incurred by the City.

<i>Robin Veach Fitzgerald</i> 11/3/11	
Property Owner Signature Date	Co-Property Owner Signature Date

ZONING ADMINISTRATOR DETERMINATION – FOR OFFICE USE ONLY

Reviewed by:

Building Inspections	Date	Fire Department	Date
C.S.O.	Date	A.C Environ.	Date

Approved () -or- Denied () By: _____ Date: _____

Additional Comments and/or Provisions:

<i>6 HORSES (TG) - SPOKE W/ APP. 11/3</i>



To be filled out by the City of Ramsey:	
Permit amount:	_____
Date Paid:	_____
Cash Receipt:	_____
Date of Application:	_____

LEVEL II AUTHORIZATION OF APPLICATION

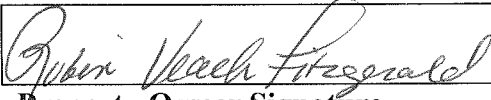
(Application DOES requires review by Planning Commission and approval by City Council)

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I understand that the application fee is non-refundable. All costs associated with the processing of this application are the responsibility of the applicant whether this application is approved or denied. Any excess of escrow account deposits over expenditures will be refunded at the time of account closure. I also understand that as the applicant, it is my responsibility to obtain all other permits or licenses required by any applicable regulatory agencies for this Land Use Application.

	11/3/11		11/3/11
Applicant Signature	Date	Co-Applicant Signature	Date

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	11/3/11	[Blank Signature Box]	[Blank Date Box]
Property Owner Signature	Date	Co-Property Owner Signature	Date

To be filled out by the City of Ramsey:

Application amount: _____

Escrow Amount: _____

Date Paid: _____

Cash Receipt: _____

Date of Application: _____

Escrow Number: _____