



# Board of County Commissioners Agenda Request

Agenda Item #
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**Requested Meeting Date:** December 20, 2022

**Title of Item:** Appointment for District 5 Planning Commission

<input checked="" type="checkbox"/> REGULAR AGENDA <input type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	<b>Action Requested:</b> <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
<b>Submitted by:</b> Andrew Carlstrom	<b>Department:</b> Planning & Zoning	
<b>Presenter (Name and Title):</b> Andrew Carlstrom, Environmental Services Director		<b>Estimated Time Needed:</b> 5 minutes
<b>Summary of Issue:</b>  In accordance with Section 9 of the Aitkin County Zoning Ordinance and MN Statutes 394.21 to 394.37, I am requesting the appointment of Mr. Dave Lange or Mr. William Smith to the Planning Commission for District 5 in Aitkin County. Dave Lange has served in this position for two terms and wishes to continue his service.		
<b>Alternatives, Options, Effects on Others/Comments:</b> Motion to deny either candidate as District 5 representative on the Planning Commission.		
<b>Recommended Action/Motion:</b> Motion to approve the appointment of Dave Lange or William Smith as District 5 representative on the Planning Commission.		
<b>Financial Impact:</b> <i>Is there a cost associated with this request?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>What is the total cost, with tax and shipping?</i> \$ 1050.00 <i>Is this budgeted?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i>		

Legally binding agreements must have County Attorney approval prior to submission.

# MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

~~Natural Resources~~ Planning Commission

AITKIN COUNTY COMMISSIONER DISTRICT 5

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

Vice - Chair Current CUP  
Hill City Council current Mayor Elect 2023  
Business owner/manager Aitkin Co Business 48 yrs  
NRAC current chair

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

[Signature] Date 11/21/2021  
Signature of Applicant

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes  No

Is this application submitted at the suggestion of appointing authority? Yes  No

Please return application to the Aitkin County Administrator's office, located at  
307 2nd Street NW - Room 310, Aitkin, MN 56431

NAME OF APPLICANT: DAVID LAWLE

STREET ADDRESS OF APPLICANT:  
505 IDWE AV West  
Hill City, Minnesota  
55748

PHONE NUMBERS:  
DAYS 218-380-6939  
EVENINGS 218-380-6939

For Office Use Only

Date Appointed: \_\_\_\_\_ Date of Term Expiration: \_\_\_\_\_ Term #: \_\_\_\_\_

# MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Planning Commission

AITKIN COUNTY COMMISSIONER DISTRICT 5

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

21 years of Planning Commission Experience  
with the City of Oak Grove MN. 10 plus years  
of that as the Chairman. Resigned in July of  
2022 to move. Have owned property in Aitkin County  
for over 20 years. Worked closely with the City  
Council and City Staff to insure the best possible  
outcomes for the city and its citizens. Attended many  
outside training classes, and ongoing educational opportunities.

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

William Smith  
Signature of Applicant

11/30/2022  
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes \_\_\_\_\_ No X

Is this application submitted at the suggestion of appointing authority? Yes \_\_\_\_\_ No X

Please return application to the Aitkin County Administrator's office, located at  
307 2<sup>nd</sup> Street NW - Room 310, Aitkin, MN 56431

NAME OF APPLICANT: William Smith

STREET ADDRESS OF APPLICANT:  
50394 214th PLACE  
Mauregard MN 55760

PHONE NUMBERS:  
DAYS 612-202-0697  
EVENINGS SAME

For Office Use Only

Date Appointed: \_\_\_\_\_

Date of Term Expiration: \_\_\_\_\_

Term #: \_\_\_\_\_

# References

Loren Wickham  
City Administrator      Oak Grove MN  
763-404-7000

Dan Denno  
Mayor      Oak Grove MN  
763-443-4729

Charlie Christianson  
Aitkin County Planning Commission



# Board of County Commissioners Agenda Request

Agenda Item #
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**Requested Meeting Date:** December 20, 2022

**Title of Item:** Appoint Jane Bristow for District 5 Board of Adjustment

<input checked="" type="checkbox"/> REGULAR AGENDA <input type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	<b>Action Requested:</b> <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
<b>Submitted by:</b> Andrew Carlstrom	<b>Department:</b> Planning & Zoning	
<b>Presenter (Name and Title):</b> Andrew Carlstrom, Environmental Services Director		<b>Estimated Time Needed:</b> 5 minutes
<b>Summary of Issue:</b>  In accordance with Section 10 of the Aitkin County Zoning Ordinance, I am requesting the appointment of Ms. Jane Bristow to the Board of Adjustment for District 5 in Aitkin County. Jane will replace Ms. Lin Benson who faithfully completed her 3 year appointment.		
<b>Alternatives, Options, Effects on Others/Comments:</b> Motion to deny the appointment of Jane Bristow as District 5 representative on the Board of Adjustment		
<b>Recommended Action/Motion:</b> Motion to approve the appointment of Jane Bristow as District 5 representative on the Board of Adjustment		
<b>Financial Impact:</b> Is there a cost associated with this request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What is the total cost, with tax and shipping? \$ 1050.00 Is this budgeted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i>		

Legally binding agreements must have County Attorney approval prior to submission.

**MINNESOTA OPEN APPOINTMENT ACT  
APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY**

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

BOARD OF ADJUSTMENT

AITKIN COUNTY COMMISSIONER DISTRICT 5

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

I live in Hill City, have a cabin on Hill Lake and I am a local Realtor. I have been involved in the Chamber of Commerce and various committees such as the event committee and PRER committee. As a Realtor and cabin owner, I believe I can contribute positively to the board and I am excited to learn more about the board responsibilities to both property owners and the lakes.

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

[Signature]  
Signature of Applicant

12/10/22  
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.  
Is this application submitted by appointing authority? Yes  No   
Is this application submitted at the suggestion of appointing authority? Yes  No

Please return application to the Aitkin County Administrator's office, located at 307 2<sup>nd</sup> Street NW - Room 310, Aitkin, MN 56431

NAME OF APPLICANT: JANE BRISTOW

STREET ADDRESS OF APPLICANT:  
35638 678<sup>th</sup> STREET YU5  
Hill City, MN 55748

PHONE NUMBERS:  
DAYS 412 387-5116  
EVENINGS SAME

For Office Use Only  
Date Appointed: \_\_\_\_\_ Date of Term Expiration: \_\_\_\_\_ Term #: \_\_\_\_\_



# Board of County Commissioners Agenda Request

_____ Agenda Item #
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**Requested Meeting Date:** December 20, 2022

**Title of Item:** Appointment for District 4 Board of Adjustment

<input checked="" type="checkbox"/> REGULAR AGENDA <input type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	<b>Action Requested:</b> <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
<b>Submitted by:</b> Andrew Carlstrom		<b>Department:</b> Planning & Zoning
<b>Presenter (Name and Title):</b> Andrew Carlstrom, Environmental Services Director		<b>Estimated Time Needed:</b> 5 minutes
<b>Summary of Issue:</b>  In accordance with Section 10 of the Aitkin County Zoning Ordinance, I am requesting the appointment of Mr. Dake Olson or Mr. William Smith to the Board of Adjustment for District 4 in Aitkin County. This position will replace Mr. Jeremy Paquette who resigned his position after many years of faithful service. Please see attached applications.		
<b>Alternatives, Options, Effects on Others/Comments:</b> Motion to deny either candidate as District 4 representative on the Board of Adjustment		
<b>Recommended Action/Motion:</b> Motion to approve the appointment of Dake Olson or William Smith as District 4 representative on the Board of Adjustment		
<b>Financial Impact:</b> Is there a cost associated with this request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What is the total cost, with tax and shipping? \$ 1050.00 Is this budgeted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      Please Explain:		

Legally binding agreements must have County Attorney approval prior to submission.

# MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:  
Aitkin County Board of Adjustment

AITKIN COUNTY COMMISSIONER DISTRICT 4

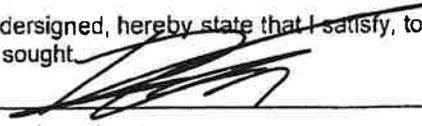
Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

I am interested in zoning and how it affects the future of our county and local communities  
~~I take personal satisfaction in being fair in my judgment, believe in the spirit of a rule's intent and~~  
pride myself on making decisions based on the merits of the issue without thought of personnel  
effect.

I reside in the City of McGregor and currently server as Mayor. I serve as an  
Volunteer Fire fighter with the McGregor Volunteer Fire Dept. I served both the Aitkin and  
McGregor communities as an Emergency Medical Technician for over 20 years. I am Married  
to my wonderful wife Stephanie and we have two children Theo and Adeline.

Thank you for your consideration.

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

  
Signature of Applicant \_\_\_\_\_ Date 12-05-2022

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes \_\_\_\_\_ No X

Is this application submitted at the suggestion of appointing authority? Yes \_\_\_\_\_ No X

**Please return application to the Aitkin County Administrator's office, located at  
307 2<sup>nd</sup> Street NW · Room 310, Aitkin, MN 56431**

NAME OF APPLICANT: Dake Olson

STREET ADDRESS OF APPLICANT:  
220 S Maddy Street  
McGregor MN 55760

PHONE NUMBERS:  
DAYS 218-391-4920  
EVENINGS 218-391-4920

**For Office Use Only**  
Date Appointed: \_\_\_\_\_ Date of Term Expiration: \_\_\_\_\_ Term #: \_\_\_\_\_

# MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Board of Adjustment

AITKIN COUNTY COMMISSIONER DISTRICT 4

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

21 years of Planning Experience with the City of Oak Grove MN. 10 plus years of that service as Chair. Worked closely with Council and Staff to insure best possible outcomes for the City and its citizens.

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

William Smith  
Signature of Applicant

11/30/2022  
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes \_\_\_\_\_ No X

Is this application submitted at the suggestion of appointing authority? Yes \_\_\_\_\_ No X

Please return application to the Aitkin County Administrator's office, located at  
307 2<sup>nd</sup> Street NW - Room 310, Aitkin, MN 56431

NAME OF APPLICANT: William Smith

STREET ADDRESS OF APPLICANT:  
50394 214th Place  
McGregor MN 55760

PHONE NUMBERS:  
DAYS 612-202-0697  
EVENINGS SAME

For Office Use Only

Date Appointed: \_\_\_\_\_

Date of Term Expiration: \_\_\_\_\_

Term #: \_\_\_\_\_



# Board of County Commissioners Agenda Request

<hr style="width: 80%; margin: 0 auto;"/> Agenda Item #
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**Requested Meeting Date:**  
**Title of Item:**

REGULAR AGENDA  CONSENT AGENDA  INFORMATION ONLY	<b>Action Requested:</b>  Approve/Deny Motion  Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<b>Direction Requested</b>  Discussion Item  Hold Public Hearing*
<b>Submitted by:</b>		<b>Department:</b>
<b>Presenter (Name and Title):</b>		<b>Estimated Time Needed:</b>
<b>Summary of Issue:</b>		
<b>Alternatives, Options, Effects on Others/Comments:</b>		
<b>Recommended Action/Motion:</b>		
<b>Financial Impact:</b> <i>Is there a cost associated with this request?</i> Yes                      No <i>What is the total cost, with tax and shipping? \$</i> <i>Is this budgeted?</i> Yes                      No <i>Please Explain:</i>		