

## Board of County Commissioners Agenda Request



Requested Meeting Date: December 17, 2024

Title of Item: Appointment for District 4 Board of Adjustment

24 - 12			7	
✓ REGULAR AGENDA	Action Requested:	Ļ	Direction Requested	
CONSENT AGENDA	Approve/Deny Motion		Discussion Item	
	Adopt Resolution (attach dr *provid	aft) e copy of he	Hold Public Hearing*	
Submitted by: Andrew Carlstrom		Department: Planning & Zoning		
Presenter (Name and Title): Andrew Carlstrom, Environmental Services Director			Estimated Time Needed: 5 minutes	
Summary of Issue:				
In accordance with Section 10 of the Aitkin County Zoning Ordinance, I am requesting the appointment of Mr. Jeremy Paquette or Mr. Greg Neumann to the Board of Adjustment for District 4 in Aitkin County. This position will replace Mr. Dake Olson who resigned his position in September, and after faithfully serving for close 2 years. Please see the attached applications.				
Alternatives, Options, Effects on Others/Comments: Motion to deny either candidate as District 4 representative on the Board of Adjustment				
Recommended Action/Motion: Motion to approve the appointment of Mr. Jeremy Paquette or Mr. Greg Neumann as District 4 representative on the Board of Adjustment				
Financial Impact: Is there a cost associated with this request? Image: Sigma				

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE O	ON:			
BOARD OF HOUSTMENT				
AITKIN COUNTY COMMISSIONER DISTRICT $\underline{H}$				
Minnesota Statues 15.0597, state that the application shall include a "si qualifications and any other information the nominating person feels be community service experience, or education that would be pertinent to the service experience of the service experience of the ser	helpful to the appointing authority." (May include employment,			
I HAVE MANY YEARS OF EXPERIENCE O	IN THE BOARD OF ADJUSTMENT FOR			
ATKIN COUNTY. 1 ALSO HAVE WO	RKED WITH THE AITKIN POZ			
OFFICE FOR 25 YEAR BEING A LOC	CAL CONTRACTOR			
I SERVED AS CHAIR FOR THE	BOA MOST OF MY TIME THERE			
AND ALSO SERVED AND WAS CHAIR OF THE PLANNING				
COMMISSION, REPRESENTING THE BOA, FOR MANY OF MY YEARS.				
I, the undersigned, hereby state that I satisfy, to the best of my keepsition sought.	nowledge, all legally prescribed qualifications for the			
Jon A Part	11/15/2024			
Signature of Applicant	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				
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: JEREMY PAQUETTY				
STREET ADDRESS OF APPLICANT:	PHONE NUMBERS:			
50801 237 PLACE	DAYS (218) 244-4443			
McGREGOR MN 55760	EVENINGS SAME			
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:

SOARD OF ADJUSTMENT AITKIN COUNTY COMMISSIONER DISTRICT Minnesota Statues 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) From RochisTRM ETINEN INIS FIGHTER PURCHASKA MOME an HITKIN IFSOT MU HPRAMMANKA 20 BERNOF ANN A. AND 20 21 HS HF HUNFBA AnR 4)100 FIS BAL UNISOANA MAMBER WOUL DF TO WORK WITH THE COMMUNITY ME WTHTH THIOSK 14 mish I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought. 11-20 -Signature of Applicant If applicant is being nominated by another person or group, the above signature indicates consent to nomination. Yes \_\_\_\_\_ No \_\_\_\_ Is this application submitted by appointing authority? Yes Is this application submitted at the suggestion of appointing authority? 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: OTRECO EUMANN STREET ADDRESS OF APPLICANT: PHONE NUMBERS: 85 DAYS 507- 444-1600 MA 55760 Crnacron EVENINGS For Office Use Only Date of Term Expiration: Date Appointed: Term #: