

Board of County Commissioners Agenda Request

4B	
Agenda Item #	

Requested Meeting Date: December 17, 2024

Title of Item: Appointment for District 3 Board of Adjustment

REGULAR AGENDA	Action Requested:	Direction Requested	
CONSENT AGENDA	Approve/Deny Motion	Discussion Item	
	Adopt Resolution (attach dr *provide	aft) Hold Public Hearing* e copy of hearing notice that was published	
Submitted by: Andrew Carlstrom		Department: Planning & Zoning	
Presenter (Name and Title): Andrew Carlstrom, Environmental Ser	vices Director	Estimated Time Needed: 5 minutes	
Summary of Issue:			
In accordance with Section 10 of the Aitkin County Zoning Ordinance, I am requesting the re-appointment of Mr. Charlie Christiansen to the Board of Adjustment for District 3 in Aitkin County. He has faithfully served his first term on the Board of Adjustment, served as Board of Adjustment Representative on the Planning Commission, as well as serves on the Ordinance Committee. Please see the attached application			
Alternatives, Options, Effects on Others/Comments: Motion to deny Mr. Christiansen as District 3 representative on the Board of Adjustment			
Recommended Action/Motion: Motion to approve the re-appointment of Mr. Charlie Christiansen as the District 3 representative on the Board of Adjustment			
Financial Impact: Is there a cost associated with this What is the total cost, with tax and Is this budgeted?	shipping? \$ 1020.00		

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

BOALD of ADJUSTMENT DIST 3 3 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) EDucation - BACK of Science enad Pouce attack (mars 1986-I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought. 12-4-2024 Date 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 _____ No X Is this application submitted at the suggestion of appointing authority? Please return application to the Aitkin County Administrator's office, located at 307 2nd Street NW - Room 310, Aitkin, MN 56431 NAME OF APPLICANT: CHARLES CHRISTENSEN STREET ADDRESS OF APPLICANT: PHONE NUMBERS: 30535 283" LN DAYS 7632421824 EVENINGS Arthin MN 56431 For Office Use Only Date Appointed: _____ Date of Term Expiration: _____ Term #: