

Town of May
Certificate of Compliance Application

Jack Kramer
Town of May Building Official/Inspector
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OFFICE USE ONLY:	
Date Filed:	_____
CoC#:	_____
Fee Paid:	_____
Check Number:	_____

Street Location of Property: _____
PID from Washington County Tax Statement: _____
Legal Description of Property (*attach additional sheet if necessary*): _____

Property Owner Name: _____
Property Owner Address: _____
Property Owner Telephone Number: _____
Property Owner Email Address: _____

Application Narrative (*explain what the required setback is; what setback you are proposing; and why the required setback cannot be met or justification for granting such relief*): _____

Site Plan Submittal Requirement: This application must be accompanied by an accurate site plan or survey indicating the proposed building, structure, or addition, existing structures and buildings on the site; septic system; well location; property lines; and the existing and proposed setbacks of the affected structure and other existing structures to the property lines. An aerial photo with contours, if available, shall also be submitted.

Signature of Property Owner/Application _____ Date _____

(Next Page: Site Visit)

This application form shall be used in conjunction with the Certificate of Compliance process, as outlined in Article 311 of the Town Code, adopted by Ordinance 2010-05 on January 6, 2011. This Certificate of Compliance cannot be used to grant relief beyond 80% of all required yard setbacks and further, a new accessory building cannot be placed any closer to the front lot line than 80% of the primary dwelling's existing setback from the front lot line.

Town of May
Certificate of Compliance Site Visit

Site Visit Date: _____
Conducted by Building Inspector: _____
Conducted by May Town Board Supervisor: _____

Check List:

1. Zoning District: _____
2. Lot Size: _____
3. Setback Requirement (including Code Section): _____
4. Proposed Setback: _____
5. Does a substantially more compliant location exist: _____
 - a) If yes, explain the compliant location(s), attach a diagram if necessary, and any other relevant information and proceed to: "Preliminary Action-Recommend Denial."

 - b) If no, include the justification for approval, limiting factors to meeting the setback, etc.

6. List any recommended screening: _____
7. Will a neighbor's view be affected by granting this setback relief? YES ____ or NO ____

Preliminary Action (based on site visit):

____ **Recommend Approval** by: _____
(Town Board Supervisor Signature and Date)
Findings: _____
Recommended Conditions: _____

____ **Recommended Denial** by: _____
(Town Board Supervisor Signature and Date)
Findings: _____

FINAL ACTION (based on motion by Town Board):

Board Meeting Date: _____

____ **APPROVED** by the Town Board: _____
(Town Board Chair Signature and Date)
Findings: _____
Conditions: _____

____ **DENIED** by the Town Board: _____
(Town Board Chair Signature and Date)
Findings: _____