Aitkin County Requeste	ard of County Comm Agenda Reques ed Meeting Date: 12-20-16 em: Approve Request to Fill Committee	st	-	GA Agenda Item
REGULAR AGENDA CONSENT AGENDA INFORMATION ONLY Submitted by:	Action Requested: Approve/Deny Motion Adopt Resolution (attach dra *provide	ft)	Direction Reques Discussion Item Hold Public Hear ing notice that was	ring*
Patrick Wussow, County Administrator Presenter (Name and Title): Patrick Wussow, County Administrator			n Estimated Time D minutes	Needed:
Alternatives, Options, Effects or	n Others/Comments:			
Alternatives, Options, Effects or Recommended Action/Motion:	n Others/Comments:			

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

AITKIN COUNTY HAS OPENINGS ON THE FOLLOWING COMMITTEES:

- 1. Aitkin County Board of Adjustment
 - District 5 (One opening)

Reviews variance applications and interpretations from Aitkin County Zoning Ordinances. Individual will participate in public hearings for reviewing variance applications from Aitkin County Zoning Ordinances. Meetings are held the first Wednesday of each month at 4:00 P.M.

- 2. Aitkin County Planning Commission
 - District 1, 4 or 5 (One opening only)

Reviews applications for Conditional Use Permits, Interim Use Permits, Planned Unit Developments, Rezoning and Subdivisions to ensure compliance with Aitkin County Ordinances and the Comprehensive Land Use Plan. Individual will participate in public hearings for review of the applications. Meetings are held on the third Monday of each month at 4:00 P.M.

Applications for both committees will be accepted until Noon on December 9, 2016, or until filled. The positions will start the first meeting of January 2017. Terms are three years. Applications can be found on the Aitkin County website, picked up in the West Annex of the Courthouse, or mailed to you if requested.

The Aitkin County Board of Commissioners will make the committee selections from submitted applications during a County Board meeting. All applicants will receive notification by mail whether or not they have been selected. For more information please contact Terry Neff, Environmental Services Director at 218-927-7342.

Please contact Sue Bingham at 218-927-3093 for any questions concerning this news release that you will not bill to the County. Thank you.

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

BOARd Ad ustment K 22

DEC 02 2016

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)

SERVE ON Gil _____ Adjustment I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought. n 11:29-16

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?

Is this application submitted at the suggestion of appointing authority?

Please return application to the Aitkin County Administrator's office, located at 217 2nd Street NW – Room 130, Aitkin, MN 56431

Yes _____

No ____

Yes _____ No _____

NAME OF APPLICANT: GALEN N. TVEIT	
STREET ADDRESS OF APPLICANT: 54446 US Hary 169 Palisade, Mrs. 56469	PHONE NUMBERS: DAYS <u>LF F45 - 3354</u> EVENINGS <u>JAME</u>
For Office Use Only Date Appointed: Date of Term Expiration:	Term #:

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

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AITKIN COUNTY COMMISSIONER DISTRICT

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ears

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

Inson Signature of Applicant

No X

Yes

No

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Is this application submitted by appointing authority?

Is this application submitted at the suggestion of appointing authority?

Please return application to the Aitkin County Administrator's office, located at 217 2nd Street NW - Room 130, Altkin, MN 56431

Yes

NAME OF APPLICANT: STREET ADDRESS OF APPLICANT: PHONE NUMBERS: DAYS 218-6 **EVENINGS** For Office Use Only

Date Appointed:

Date of Term Expiration: ____

Term #: ___

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

MICIONER ANAIN

DEC DIE 2016

AITKIN COUNTY COMMISSIONER DISTRICT

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YEARS OUGE THE ROAD CHARTER OACH DRIVER. I AM RETIRED. YEARS. MIN 600 19 TOWARD SHID 562107 NORD 6005 4 YEMIS Rodn SUPP. ADNING + ZOME PLANNE COM MAKE 20012 - 20/4

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

Poper A. Algrantt	ΠEG
Signature of Applicant	Date

Date I Della

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___

PHONE NUMBERS:

Is this application submitted at the suggestion of appointing authority?

y? Yes <u>No X</u>

Please return application to the Aitkin County Administrator's office, located at 217 2nd Street NW – Room 130, Aitkin, MN 56431

NAME OF APPLICANT: ROMERT A. HARNAGTH

STREET ADDRESS OF APPLICANT:

191 360 67 MIH, FRH 56431

DAYS 2/8-927-4692

EVENINGS 213 987-4632

For Office Use Only

Date Appointed: _____

Date of Term Expiration: _____

Term #: _____

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

anning Commission CUP NOV 1 0 2016 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) manber Ð wrent erusin control Spelist 63 year Aitkin & Rosidant I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed gualifications for the position sought. 10/2016 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 Is this application submitted at the suggestion of appointing authority? Please return application to the Aitkin County Administrator's office, located at 217 2nd Street NW - Room 130, Aitkin, MN 56431 NAME OF APPLICANT: DAUD LANGE STREET ADDRESS OF APPLICANT: PHONE NUMBERS: IONE AU 505 Minn 55748 EVENINGS For Office Use Only Date Appointed: _____ Date of Term Expiration: _____ Term #: _____

AITKIN COUNTY HAS SEVEN OPENINGS ON THE FOLLOWING COMMITTEE:

Natural Resources Advisory Committee (combined Forestry & Parks Committees)

13 members

- 5 = 1 from each County Commissioner District
- 8 = at large positions

Open - 7 positions

- **1 District 4** Cities McGregor, Tamarack Townships - Clark, Fleming, Haugen, Jevne, McGregor, Morrison, Shamrock, Workman
- 6 at large

Terms are for 4 years, beginning January 1st Per diem and mileage @ County rate Meets 2nd Monday of the month 8 to 10 meetings per year

- usually evenings @ 6:30 PM at Long Lake Conservation Center
- including at least one daytime field tour

Advises the County Board on matters relating to...

Forest management

- Forest Planning
- Timber Harvesting
- Environmental Issues (wildlife, water quality, invasive species, etc.)

Recreation management

- Campgrounds
- Recreation trails
- Long Lake Conservation Center

Land Asset management

- Classification of Tax Forfeited lands
- Land Sales/Exchanges/Easements
- Extraction/mining

Applications will be accepted until Noon on December 13, 2016, or until filled. The positions will start the first meeting of January 2017. Applications can be found on the Aitkin County website, picked up in the West Annex of the Courthouse, or mailed to you if requested.

The Aitkin County Board of Commissioners will make the committee selections from submitted applications at a County Board meeting. All applicants will receive notification by mail whether or not they have been selected. For more information please contact Mark Jacobs, Aitkin County Land Commissioner, at 218-927-7364.

Please contact Sue Bingham at 218-927-3093 for any questions concerning this news release that you will not bill to the County. Thank you.

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Advisory Natural esounces

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) committee nember 15 4 ise he MANagemen Kesour (es, Farm eadir Polly tion control mennerota For Aithin Soil ion Reading

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

12-07-2016

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?

Is this application submitted at the suggestion of appointing authority?

Yes No X Yes X No

Please return application to the Aitkin County Administrator's office, located at 217 2nd Street NW – Room 130, Aitkin, MN 56431

NAME OF APPLICANT:	HOPPE
STREET ADDRESS OF APPLICANT:	PHONE NUMBERS:
28901 442-D PL	DAYS 218-927-4142
Aithin MN 56431	EVENINGS SAMe

For Office Use Only

Date Appointed:

Date of Term Expiration:

Term #:

DEC 08 2016

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

URCES Advisory Committee 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) Aitkin Countr's NATHRAL Resources And our Greatest Asset. PROMOTING FULL, SUSTAINABE & RESponsible use OF OUY LANDS is A PRIORITY FOR ME, WHILE FOSTERING good StewANDShip OF OUR ENDIYON MENT. is A good fit For the SON of Committee CONSCRUATION OFFICER JIM MARCUM. DAD GAVE ME RESPECT FOR OUR ENVIRONMENT, COUPLEd with NEED TO PROMOTE OWN HOLEM DESINATION. F HAVE BEEN A UNDESTANNING of AS A TOURIST ADUDCATE FOR SMALL BUSINESS & SPORTSMANSHIF LIFELONG I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the mit H. position sought. 12/8/2016 Signature of Applicant 2 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 Altkin County Administrator's office, located at 217 2nd Street NW - Room 130, Aitkin, MN 56431 J. MARCUM bert NAME OF APPLICANT: STREET ADDRESS OF APPLICANT: PHONE NUMBERS: DAYS 218-768-2337 KESTRE1 EGON EVENINGS Frontiernet. ne MARCUM For Office Use Only Date Appointed: Date of Term Expiration: Term #: ---

Robert MARcum Application Page 2 Community SERVICE ! MEMBER OF SALO TOWN BOARd (12 Jeus to Procent) Aitkin Co. HHS ADVISUY (4 ms to Present) MN. DHS MEDICAID ADU. (3 Yrs to Present) AGING IN PLACE Committee 70 mile TRAIL committee Publisher of MeGregor Pilot Review DEL CENTRAL COMMittee (Present) DFL CLUB PAST MEMBER OF Lions & ELKS. Active MEMBER OF LAWLER AREA Community CLUB

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

DEC 0'9 2016 Adursony Committee esources Matural

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)

an interest in Aithin Lays As a teacher at L'Sf Rectuat and Opportun in inuo ogger Keeping abreast concerning out ues served on both the coun d unces Hoursony Committees.

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

Dec. 8, 2016

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?

No Yes

Is this application submitted at the suggestion of appointing authority? Yes No______ No_____ I us made aware that a new committee was forming. Please return application to the Aitkin County Administrator's office, located at 217 2nd Street NW - Room 130, Altkin, MN 56431

NAME OF APPLICANT: Robert W. Lake	
STREET ADDRESS OF APPLICANT:	PHONE NUMBERS:
38050, 390 th St.	DAYS home - 218-927-3442
Ditkin Man 56431	EVENINGS C. ell - 218-232-1219

For Office Use Only

Date Appointed:

Date of Term Expiration: _

Term #:

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

advisory Committee alura Sources

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)

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Signature of Applicant

No

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Is this application submitted by appointing authority?

Yes _____ No

Yes

Is this application submitted at the suggestion of appointing authority?

Please return application to the Altkin County Administrator's office, located at 217 2nd Street NW - Room 130, Aitkin, MN 56431

NAME OF APPLICANT: STREET ADDRESS OF APPLICANT: PHONE NUMBERS: Grove ST. DAYS 218-845-9 10 MN. 56469 SEND EVENINGS For Office Use Only

Date Appointed:

Date of Term Expiration:

Term #: ____

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Natural Resources Advisory Committee

AITKIN COUNTY COMMISSIONER DISTRICT 5

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)

Curriculum Vitas. I've only Mellowed with Ape?

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

itarow Signature of Applicant

ecember 7, 2016

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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 217 2nd Street NW - Room 130, Altkin, MN 56431

NAME OF APPLICANT:	Wonald H. Kitzrow
-	

STREET ADDRESS OF APPLICANT:

67958 353rd Avenue Hill Oity, Jun. 55748

PHONE NUMBERS:

DAYS 218-697-2712 EVENINGS _____

For Office Use Only

Date Appointed:

Date of Term Expiration:

Term #: _____

Yes _____ No _____

DFC, 1 2 2016

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

NATURAL RESOURCES Advisory CommiTTEE. AITKIN COUNTY COMMISSIONER DISTRICT NORALAND 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) UNIVERSITY of MINNESOTA FORESTRY DOPT of AGRICULTURE) EducATION MONTANA. BOZEMAN DISTRICT. I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought. 12-8-2016 mer 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 217 2nd Street NW -- Room 130, Aitkin, MN 56431 Bix60 ONALL NAME OF APPLICANT: U AMES STREET ADDRESS OF APPLICANT: PHONE NUMBERS 952-432-1-298TH STREET DAYS . MN 56431 EVENINGS SAME For Office Use Only

Date Appointed:

Date of Term Expiration:

Term #: _____

217 Second Street N.W. Room 130 Aitkin, MN 56431 218-927-7276 Fax: 218-927-7374

December 18, 2012

James Bixby 34584 298th Street Aitkin, MN 56431

Dear James:

At the December 18, 2012 Aitkin County Board meeting the Aitkin County Board of Commissioners appointed you to the Forest Advisory Committee as the Professional representative. They thank you for your application and congratulate you on your appointment!

If you have any questions about this committee, please feel free to call Mark Jacobs at 218-927-7364.

Sincerely,

Patrick Wussow Aitkin County Administrator

cc: Mark Jacobs