

City of Falcon Heights Planning Commission

City Hall
2077 W. Larpenteur Avenue

Tuesday, April 26, 2016
7:00 p.m.

A G E N D A

- A. CALL TO ORDER: 7:00 p.m.
- B. ROLL CALL: Chair Larkin ____ Alexander ____
 Murphy ____ Bellemare ____
 Williams ____ Schafer ____
 Council Liaison Harris ____ Staff Liaison Moretto ____
- C. APPROVAL OF MINUTES for March 22, 2016
- D. AGENDA
 - 1. Zoning Review
- E. INFORMATION AND ANNOUNCEMENTS
 - 1. Amendment to Building Heights next month
- F. ADJOURN
- G. WORKSHOP

If you have a disability and need accommodation in order to attend this meeting, please notify City Hall 48 hours in advance between the hours of 8:00 a.m. and 4:30 p.m. at 651-792-7600. We will be happy to help.

**City of Falcon Heights
Planning Commission Minutes
March 22, 2016**

PRESENT: Commissioners Alexander, Bellemare, Schafer, Larkin, Murphy, Staff Liaison Moretto

ABSENT: Commissioners Williams, Council Liaison Harris

The meeting was called to order at 7:15 p.m. by Chair Larkin.

The minutes of the February 22^h, 2016 meeting of the Planning Commission were approved.

AGENDA:

1. Discussion of Structures on the Front Yard

The commission reviewed the current front yard buildable requirements and how to handle unique requests from properties who want structures in the front yard. It was generally acknowledged that structures should be limited in the front and a normal variance process should be the primary method to build in the front yard for items that fall outside the already permitted structures.

2. Review Keeping of Chickens Ordinance

The commission reviewed the requirements and regulations for the keeping of chickens in Falcon Heights. A topic of concern was the identification of chickens and the methods to do so. It was recommended that chickens be coded as to reduce text on the leg bands. The commission asks staff to development methods that accomplish this goal.

INFORMATION AND ANNOUNCEMENTS:

1. Post Meeting Workshop

Discussion of subdivisions and lot splits. Examples and a discussion on the matter took place.

Community Forum: None

ADJOURNMENT: The meeting was adjourned at 7:45 p.m.

WORKSHOP MINUTES

The Planning Commission engaged in a leaning workshop regarding the subdivisions and lot splits and reviewed examples. The Commission roleplayed scenarios based on the cases and used the foundational requirements of the subdivision process to come to a conclusion on each case. This workshop established clarity and consistency among the commissioners.

Respectfully submitted,

Paul Moretto
Community Development Coordinator

John Larkin
Chair – Planning Commission

CITY OF FALCON HEIGHTS

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 Phone: 651-792-7600 Fax: 651-792-7610

BUILDING PERMIT NO: _____ Storm Water Plan: Required Exempt Staff Initials _____

OWNER	Name	Address	
	Address	Phone No.	
	City	Zip Code	
	Email		
CONTRACTOR	Name	WORK ADDRESS (if different than owner)	
	Address		
	City		Zip Code
	Phone No.		Fax No.
	Email		
	MN License #		
	Alternate Phone/Email (optional)		
PLEASE DO NOT WRITE IN THIS SPACE			
		Permit Fee \$ _____ State Surcharge \$ _____ Plan Check Fee \$ _____ SAC Charge (Units) \$ _____ Other \$ _____ \$ _____ \$ _____ Penalty \$ _____ TOTAL FEE PAID \$ _____ Receipt No. _____ Date Issued _____	

Class of Work: New Addition Alteration Repair Garage Demolition Other _____

Occupancy	Zoning	Total Square Feet	Number of Stories

Use of Building	Construction Type	Number of Dwelling Units	Required Parking	Valuation of Work

Description of Work:

NOTICE

- **SITE PLAN REQUIRED** FOR ALL ADDITIONS, GARAGES, FENCES, DECKS.
- SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR CONDITIONING.
- PERMITS REQUIRE A MINIMUM OF 48 HOURS FOR APPROVAL DEPENDING UPON PROJECT.
- DURING THE SPRING THAW PERIOD, CONTRACTORS MUST OBTAIN PERMISSION TO BRING IN LOADS WEIGHING OVER THREE (3) TONS.
- THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.
- I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OR CONSTRUCTION.

APPLICANTS DO NOT WRITE IN THIS SPACE

SPECIAL CONDITIONS

PERMIT APPROVAL

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER (IF OWNER IS BUILDER) (DATE)

PRINT NAME OF APPLICANT

 BUILDING OFFICIAL (DATE)

 ZONING CODE REVIEW (IF APPLICABLE) (DATE)

 ENGINEER REVIEW (IF APPLICABLE) (DATE)

LOT COVERAGE WORKSHEET

ADDRESS:
OWNER:

DATE RECEIVED: _____
TIME RECORD
APPROVED DATE: _____

PIN _____
Lot Area _____ Source _____
Length _____
Width _____
Permitted Coverage per ordinance _____

EXISTING COVERAGE	Area	Source
Principle Structure		
Garage <input type="checkbox"/> Detached <input type="checkbox"/> Attached		
Driveway/parking		
Patios/landscape paving		
Walks		
TOTAL		
Remaining Allowance		
Area of proposed change		
New Lot coverage		<input type="checkbox"/> Qualifies <input type="checkbox"/> Does not qualify

COMMENTS:

PERMIT/PLAN REVIEW AND INSPECTION RECORD WORKSHEET
TO BE COMPLETED AND FILED WITH EACH BUILDING PERMIT

ADDRESS:
OWNER:
CONTRACTOR:

DATE RECEIVED: _____
TIME RECORD
APPROVED BY : _____ DATE: _____

ZONE: _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Residential
USE: <input type="checkbox"/> Permitted <input type="checkbox"/> Conditional <input type="checkbox"/> Accessory <input type="checkbox"/> Home Occupation
PROPOSED ACTIVITY:
Commercial: <input type="checkbox"/> New Use <input type="checkbox"/> Expanded Use
Commercial or Residential: <input type="checkbox"/> Addition <input type="checkbox"/> Deck <input type="checkbox"/> Garage <input type="checkbox"/> Shed or gazebo
<input type="checkbox"/> Driveway <input type="checkbox"/> Fence <input type="checkbox"/> Other _____

ZONING CODE REQUIREMENTS (Check specific zoning district)

Site plan attached (if applicable)

Meets code	Type of requirement	Setback / Calculations / Comment
	Parking	
	Front Setback	
	Side Yard Setback	
	Rear yard Setback	
	Maximum Height	
	Lot coverage	
_____	___% of year yard for residential detached accessory.	
_____	Total paved / built space Allowance for this address: _____	
	Sign requirements: ____ Number ____ Location ____ Size ____ Illumination	

INSPECTION RECORD

INSPECTED BY: _____

Date	Type of inspection	Comments (if any)
	FOOTINGS	
	FRAMING	
	OTHER	
	OTHER	
	FINAL	

Additional Notes: