

## **Board of County Commissioners Agenda Request**

2P
Agenda Item #

Requested Meeting Date: January 23, 2024

Title of Item: Appointment for District 3 Planning Commission

REGULAR AGENDA	Action Requested:	Direction Requested
CONSENT AGENDA	✓ Approve/Deny Motion	Discussion Item
INFORMATION ONLY	Adopt Resolution (attach dr	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 Services Director		Estimated Time Needed: 5 minutes
Summary of Issue:		
Sonnee to the Planning Commission for	or District 3 in Aitkin County. Dennise	equesting the appointment of Ms. Dennise has served faithfully and has been a very ations received for this position. Please
Alternatives, Options, Effects on Others/Comments:		
Motion to deny Dennise Sonnee as District 3 representative on the Planning Commission		
Recommended Action/Motion:  Motion to approve the appointment of Dennise Sonnee as District 3 representative on the Planning Commission		
Financial Impact: Is there a cost associated with this What is the total cost, with tax and Is this budgeted?  Yes	<u>—</u>	No

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:
Hitkin (aundy Hollning (ammission)
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)
I have served on I his committee previously
* feel I have done on blow & professional
results with decision making. I enjoy
working with this board & woold like
to continue with the work with This
Coord & Atkins P. Zoffice. Iam
a real estate broker (inactive) a certified
residential appraiser & a Lakeside Two Supervisor
I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the
position sought 11-2-23
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 NoX
Is this application submitted at the suggestion of appointing authority?  Yes 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: Dennise Sonnee
STREET ADDRESS OF APPLICANT: PHONE NUMBERS:
20585 326th Aug DAYS 612-759-8174
186, Mn 56342 EVENINGS
(Aitkin Cty) For Office Use Only
Date of Term Expiration: Term #: