

Board of County Commissioners Agenda Request



Requested Meeting Date: December 16, 2025

Title of Item: Appointment for District 5 Planning Commission

REGULAR AGENDA	Action Requested:	Direction Requested
CONSENT AGENDA	Approve/Deny Motion	Discussion Item
INFORMATION ONLY	Adopt Resolution (attach drawth and the Adopt Resolution (attach drawth)	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:		
Lange to the Planning Commission fo valuable member of the Planning Composition. Please see attached applica	r District 5 in Aitkin County. Dave has nmission for many years. There were ition.	
Alternatives, Options, Effects on Others/Comments: Motion to deny Dave Lange as District 5 representative on the Planning Commission		
Recommended Action/Motion: Motion to approve the appointment of Dave Lange as District 5 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		□ No lain:

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:
Planwing Committee
, and
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)
Life long Recident
Magos Hill City
Esosian Control Sprist
Certific Landscops Lienard Sover Installer
Cerities Landscops
Lienry Sover installer
I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.
Signature of Applicant Date
Signature of Applicant Date 1//17/25
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 nd Street NW – Room 310, Aitkin, MN 56431
NAME OF APPLICANT: DAUID LAWE
STREET ADDRESS OF APPLICANT: PHONE NUMBERS:
505 West 10NE AU DAYS 218-38U-6939
Hill Coty, Mynn 55748 EVENINGS
For Office Use Only Date of Town Systemics Torm #: