

Current Land Use Policy for Our Community

(To be used by a community task force to collect pertinent information about the current land use plan and the perspectives of a variety of persons regarding plans for the future for the community and surrounding areas. Information should be based on interviews of a variety of qualified officials, community leaders and residents. Some persons may not be able to or need to answer all questions. Survey may be modified to collect necessary information.)

Person Interviewed: (Name) _____

Capacity: ___ Planning/Zoning Staff ___ Township Officer ___ County Commissioner
___ Long-term Resident ___ New Resident ___ Planning Commission Member Other _____

1. Does the county, township or city have a comprehensive land use plan? _____
2. Does all of our area fall under: ___one ___more than one local jurisdiction for land use policy?
3. Who are they? ___County _____
___Township _____ ___City _____
4. When was the last plan last adopted? _____ Reviewed? _____
5. When will the plan be rewritten or reviewed again? _____
6. How long has it been between major policy changes? _____ years
7. What is the current zoning classification: (Obtain a copy of the plan and zoning map if possible)

Classification	Your Community	Surrounding Area
Urban – Residential	_____	_____
Urban – Expansion	_____	_____
General Ag/Dev (incl. Rural Res)	_____	_____
Shoreland	_____	_____
Long-term Agricultural	_____	_____
Commercial	_____	_____
Other	_____	_____

8. Ideas about the future direction of land use policy affecting our community:
Do you think the current land use plan for our area will change in the near future? If so, how?

Would you like to see it change? If so, how?

What is the probability of a change like this? What factors would cause the change?

Who else do you think I/we should talk to about the direction of land use policy for our community?
9. What is the current local policy/position on individual and multiple household sewage systems?
10. Are there any other local restrictions that may affect sewage treatment Decisions? What are they?

Team Member: (Name) _____ Date of Interview _____