



Jeffrey Babinski
County Administrator

HOUSTON COUNTY

304 South Marshall Street
Caledonia, MN 55921
TEL (507) 725-5827

Commissioners:
District 1
Jack Miller
District 2
Eric Johnson (Chair)
District 3
Robert Burns (Vice-Chair)
District 4
Teresa Walter
District 5
Greg Myhre

HOUSTON COUNTY BOARD OF COMMISSIONERS BOARD MEETING AGENDA

9:30, May 26, 2020, County Board Room, Historic Courthouse

*******The meeting will be accessible to public participants via our conference call line at 312-626-6799 and entering meeting ID: 98106921312 and password 762113. Public attendees are requested to mute their line until addressed.*******

CALL TO ORDER

PLEDGE OF ALLEGIANCE

APPROVE AGENDA

APPROVE PREVIOUS MINUTES

- May 12 - Board Meeting
- May 19 –Workgroup Session

PUBLIC COMMENT

COVID-19 Update from Public Health

CONSENT AGENDA

(Routine business items enacted by one unanimous motion. Commissioners may request moving items on the consent agenda to the Action Item list if they desire discussion before taking action.)

- 1) Approve Claims, Human Service & License Center disbursements.
- 2) Approve assignment of county-issued credit cards to:
 - a. Commissioner Greg Myhre
 - b. Houston County Public Health
- 3) Approve Liquor, Wine and Beer Licenses for the following:
 - a. Liquor Licenses, Wine and Strong Beer
 - i. Ferndale Golf LLC
 - ii. Foursome Golf Group LLC dba Valley High Golf Club
 - iii. Denstad Enterprises Inc. dba Shellhorn Roadhouse
 - iv. Gasthaus LLC dba Little Miami
 - v. City of La Crescent dba Pine Creek Golf Course (Wine and Strong Beer)
 - b. On Sale Beer Licenses
 - i. City of La Crescent dba Pine Creek Golf Course
 - ii. Lawrence Lake Marina LLC dba Lawrence Lake Marina

- iii. Gopher State Sportsmans Club
 - iv. La Crescent Snowmobile Club
 - c. Off Sale Beer Licenses
 - i. City of La Crescent dba Pine Creek Golf Course
 - ii. Lawrence Lake Marina dba Lawrence Lake Marina
 - iii. La Crescent Snowmobile Club
 - iv. Houston Food Mart
 - d. Club Liquor License
 - i. MaCal Grove Country Club Inc.
- 4) Approve the Wildcat Park Management Agreement for 2020 season.
- 5) Affirm the following personnel actions:
 - i. Assessor's Office
 - 1. Confirm the change of employment status of David Feuerhelm, Appraiser Trainee from probationary to regular effective May 25, 2020.
 - 2. Confirm the change of employment status of Joseph Olson, Appraiser Trainee from probationary to regular effective May 25, 2020.
 - ii. Corrections
 - 1. Approve the temporary change of FTE for Barbara Schmitz, Technical Clerk I, from .8 FTE to 1.0 FTE effective June 2, 2020 until the return to work of the office's 0.7 FTE Technical Clerk I.
 - iii. Public Health & Human Services
 - 1. Extend the probationary period of Karlee Moulton, probationary Social Worker from 6 months ending June 1, 2020 to November 1, 2020. (This is not a reflection on the employee, but due to disruption in DHS Core and County training schedules due to the COVID-19 health emergency preventing the department and employee from completing requisite training. Plans for completing the training are in place.)

ACTION ITEMS

- 1) Consider approval of the assignment and search for a casual/temporary (67 day) employee, A11 to augment Facility Maintenance staff for additional sanitation efforts due to the COVID-19 health emergency. (Arrick-Kruger)
- 2) Consider approval of the assignment and search for a casual/temporary (67 day) employee, A11 to augment the License Center for additional support to Driver License Services due to the COVID-19 health emergency. (Arrick-Kruger)
- 3) Consider approval of Property Tax abatements for taxes payable in 2020. (Cresswell)
- 4) Consider approval of Resolution 20-29 CARES Act Grant Agreement-Airport. (Pogodzinski)
- 5) Consider acceptance of low bid for project CP 2020-05, Pavement Marking. (Pogodzinski)
- 6) Consider approval of charging affected property owners for Chloride treatment along gravel County Highway roads. (Pogodzinski)
- 7) Consider approval and release of a Request for Proposal to hire a Construction Manager to oversee final design and construction of a Highway Department facility and site modifications. (Pogodzinski)

DISCUSSION ITEMS

- 1) Administrator Updates
- 2) Commissioner Reports & Comments

CLOSING PUBLIC COMMENT
ADJOURN

LIQUOR, WINE & BEER LICENSES
JULY 1, 2020 - JUNE 30, 2021

LIQUOR LICENSES, WINE AND STRONG BEER

Ferndale Golf LLC

Foursome Golf Group LLC dba Valley High Golf Club

Denstad Enterprises Inc. dba Shellhorn Roadhouse

Gasthaus LLC dba Little Miami

City of La Crescent dba Pine Creek Golf Course (Wine & Strong Beer)

ON SALE BEER LICENSES

City of La Crescent dba Pine Creek Golf Course

Lawrence Lake Marina LLC dba Lawrence Lake Marina

Gopher State Sportsmans Club

La Crescent Snowmobile Club

OFF SALE BEER LICENSES

City of La Crescent dba Pine Creek Golf Course

Lawrence Lake Marina LLC dba Lawrence Lake Marina

La Crescent Snowmobile Club

Houston Food Mart

CLUB LIQUOR LICENSE

MaCal Grove Country Club Inc.

**HOUSTON COUNTY
AGENDA REQUEST FORM
May 26, 2020**

Date Submitted: 05.21.2020

By: Tess Kruger, HRD/Facilities Mgr.

APPOINTMENT REQUEST

- None

CONSENT (HR requests)

Assessor's Office

- Confirm the change of employment status of David Feuerhelm, Appraiser Trainee from probationary to regular effective May 25, 2020
- Confirm the change of employment status of Joseph Olson, Appraiser Trainee from probationary to regular effective May 25, 2020

Corrections

- Temporarily change the FTE of Barbara Schmitz, Technical Clerk I, from .8 to 1.0 FTE effective 06/02/2020 until the return to work of the office's 0.7 FTE Technical Clerk I

Facilities

- Approve a search for a casual/temporary (67 day) employee, A11 to augment the sanitization of the buildings during the COVID-19 health emergency

Public Health & Human Services

- Extend the probationary period of Karlee Moulton, probationary Social Worker from 6 months ending June 1, 2020 to November 1, 2020. (*This is not a reflection on the employee. Due to the COVID-19 health emergency DHS Core and County training schedules were interrupted preventing the department and the employee from completing requisite training. Plans for completing the training are in place.)

<u>Reviewed by:</u>	<input checked="" type="checkbox"/> County Administrator	<input type="checkbox"/> County Attorney	<input type="checkbox"/> Zoning Administrator
	<input checked="" type="checkbox"/> Finance Director	<input type="checkbox"/> County Engineer	<input type="checkbox"/> Environmental Services
	<input type="checkbox"/> IS Director	<input type="checkbox"/> Other (indicate dept)	<input type="checkbox"/> PHHS Director Assessor
	<u>Recommendation:</u>		

Decision:

MINNESOTA • REVENUE

Application for Property Tax Abatement

CR-PTA

For Taxes Levied in Tax Year(s): 2019And Taxes Payable in Year(s): 2020

new address
 2001 Border View Dr
 Hokah MN 55941

Applicant Information

Last Name <u>Grams</u>	First Name <u>Stanley</u>	Middle Initial <u>R</u>
Property Address <u>1320 Lancer Village Dr #111</u>		
City <u>In Crescent</u>	State <u>AK</u>	Zip code <u>55947</u>
Parcel ID or legal description of property (from tax statement or valuation notice) <u>* 02.0098.000</u>		County <u>Houston</u>
		School District Number <u>300-00</u>

PRIVACY INFORMATION
REMOVED

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Land	Structures	Total
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If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Total Amount Contested	Portion of total amount contested you are willing to pay
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Explain why you think this settlement is fair and reasonable

The homestead was not applied to the taxes in error

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant

Stanley Grams

Date

4-6-2020

Note: Minnesota Statutes, Section 609.41, "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00, or both."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

Year	Market Value		Taxes	Penalties	Interest	Costs	Total
	Land	Improvements					

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (I) either the assessor or the county treasurer; (II) the county auditor; and (III) the county board.

Recommendation of Assessor or Treasurer

☐ Approved ☐ Denied

Signature _____ Title _____ Date _____

Recommendation of County Auditor

☐ Approved ☐ Denied

Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied

Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

Final Approval

DEPARTMENT OF REVENUE

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid. (M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____

MINNESOTA • REVENUE

Application for Property Tax Abatement

For Taxes Levied in Tax Year(s): 2019And Taxes Payable in Year(s): 2020

new address
2001 Border view Dr
Hokah MN 55941

CR-PTA

Applicant Information

Last Name <u>Grama</u>	First Name <u>Stanley</u>	Middle Initial <u>R</u>
Property Address <u>1320 Larner Village Dr #111</u>	PRIVACY INFORMATION REMOVED	
City <u>La Crescent</u>	State <u>MN</u>	Zip code <u>55944</u>
Parcel ID or legal description of property (from tax statement or valuation notice) <u>02.0097.000</u>		County <u>HOUSTON</u>
		School District Number <u>300-00</u>

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Land	Structures	Total
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If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Total Amount Contested	Portion of total amount contested you are willing to pay
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Explain why you think this settlement is fair and reasonable

The homestead was not applied to 2020 taxes in error. House was not completed until late 2019 - for pay 2021
Please respond to Stanley before 1st taxes are due!

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant

Stanley Grama

Date

4-6-2020

Note: Minnesota Statutes, Section 609.41, "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00, or both."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

Year	Land	Market Value Improvements	Total	Taxes	Penalties	Interest	Costs	Total

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

☐ Approved ☐ Denied
 Signature _____ Title _____ Date _____

Recommendation of County Auditor

☐ Approved ☐ Denied
 Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied
 Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____
 Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____
 Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

DEPARTMENT OF REVENUE

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid. (M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____
 Proposed Tax Reduction \$ _____
 Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____

Application for Property Tax AbatementFor Taxes Levied in Tax Year(s): 2018And Taxes Payable in Year(s): 2019**Applicant Information**

Applicant and Property Information

Last Name <u>Calsch</u>	First Name <u>Steve</u>	Middle Initial
Property Address <u>14214 Gravin Rd</u>		PRIVACY INFORMATION REMOVED
City <u>Caledonia</u>	State <u>MN</u>	
Zip code <u>55921</u>		County <u>Houston</u>
Parcel ID or legal description of property (from tax statement or valuation notice) <u>09.0131.002</u>		School District Number

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Land <u>46900</u>	Structures <u>155900</u>	Total <u>202800</u>
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If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Total Amount Contested	Portion of total amount contested you are willing to pay
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Explain why you think this settlement is fair and reasonable

Homestead Removed in Error**Signature of Applicant**

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant <u>[Signature]</u>	Date <u>MAY 13-2020</u>
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Note: Minnesota Statutes, Section 609.41, "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00, or both."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

Sign Here

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

Year	Market Value		Taxes	Penalties	Interest	Costs	Total
	Land	Improvements					

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

☐ Approved ☐ Denied

Signature _____ Title _____ Date _____

Recommendation of County Auditor

☐ Approved ☐ Denied

Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied

Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

Final Approval

DEPARTMENT OF REVENUE

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid. (M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____

Application for Property Tax AbatementFor Taxes Levied in Tax Year(s): 2019And Taxes Payable in Year(s): 2020**Applicant Information**

Applicant and Property Information

Last Name <u>Cobisch</u>	First Name <u>Steve</u>	Middle Initial
Property Address <u>1424 Gavin Rd</u>		
City <u>Caledonia</u>	State <u>MN</u>	Zip code <u>55971</u>
Parcel ID or legal description of property (from tax statement or valuation notice)		County <u>Houston</u>
		School District Number

PRIVACY INFORMATION
REMOVED**Applicant's Statement of Facts**

If the assessed value is being contested, list approximate market value.

Land <u>\$46,900</u>	Structures <u>152,600</u>	Total <u>199,500</u>
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If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Total Amount Contested	Portion of total amount contested you are willing to pay
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Explain why you think this settlement is fair and reasonable

Amount removed on error

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant <u>[Signature]</u>	Date <u>MAY 13-2020</u>
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Note: Minnesota Statutes, Section 609.41, "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00, or both."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

Sign Here

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

Year	Market Value			Taxes	Penalties	Interest	Costs	Total
	Land	Improvements	Total					

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

☐ Approved ☐ Denied

Signature _____ Title _____ Date _____

Recommendation of County Auditor

☐ Approved ☐ Denied

Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied

Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

Final Approval

DEPARTMENT OF REVENUE

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid.(M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____

Application for Property Tax Abatement

For Taxes Levied in Tax Year(s): _____

And Taxes Payable in Year(s): _____

Applicant and Property Information

Applicant Information

Last Name Ernst	First Name Craig	Middle Initial R
Property Address 10229 County 4		PRIVACY INFORMATION REMOVED
City Houston	State MN	Zip code 55943
Parcel ID or legal description of property (from tax statement or valuation notice) 17.0323.003		County Houston
		School District Number

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Land 69300	Structures 161800	Total 231100
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If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Total Amount Contested	Portion of total amount contested you are willing to pay
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Explain why you think this settlement is fair and reasonable

This property did not receive the full exclusion that owner qualified for. There was a keying error that has since been corrected. The result is the full exclusion of **100%** ~~\$150,000~~ for taxes payable in 2020

Sign Here

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant Craig Ernst, C.R.	Date 2020 APR 27
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Note: Minnesota Statutes, Section 609.41, "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00, or both."

Use of Information

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The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

Year	Market Value		Total	Taxes	Penalties	Interest	Costs	Total
	Land	Improvements						

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

☐ Approved ☐ Denied

Signature _____ Title _____ Date _____

Recommendation of County Auditor

☐ Approved ☐ Denied

Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied

Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

DEPARTMENT OF REVENUE

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid. (M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____

MINNESOTA • REVENUE

Application for Property Tax Abatement

For Taxes Levied in Tax Year(s):

2019

And Taxes Payable in Year(s):

2020



BY: _____

Applicant Information

Last Name <i>Kubly</i>	First Name <i>Matt</i>	Middle Initial <i>H.</i>
Property Address <i>14625 Addleman Drive</i>		PRIVACY INFORMATION REMOVED
City <i>Houston</i>	State <i>MN</i>	Zip code <i>55943</i>
Parcel ID or legal description of property (from tax statement or valuation notice) <i>06.0087.001</i>		County <i>Houston</i>
		School District Number

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Land <i>132500</i>	Structures <i>108300</i>	Total <i>240800</i>
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If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
------	--	------------------	-------------

Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
------	--	------------------	-------------

Explain why the above amount has not been paid

Total Amount Contested	Portion of total amount contested you are willing to pay
------------------------	--

Explain why you think this settlement is fair and reasonable

2c land program updated

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant <i>Matthew H. Kubly</i>	Date <i>5-15-2020</i>
---	--------------------------

Note: Minnesota Statutes, Section 609.41: "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00, or both."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

Year	Market Value		Total	Taxes	Penalties	Interest	Costs	Total
	Land	Improvements						

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

☐ Approved ☐ Denied

Signature _____ Title _____ Date _____

Recommendation of County Auditor

☐ Approved ☐ Denied

Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied

Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

Final Approval

DEPARTMENT OF REVENUE

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid. (M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____

Application for Property Tax Abatement

For Taxes Levied in Tax Year(s): _____

And Taxes Payable in Year(s): _____

Applicant Information

Applicant and Property Information

Last Name <i>Martell</i>	First Name <i>Jacob</i>	Middle Initial
Property Address <i>9338 Doonis Rd</i>		PRIVACY INFORMATION REMOVED
City <i>Caledonia</i>	State <i>MN</i>	
Zip code <i>55921</i>		County <i>Houston</i>
Parcel ID or legal description of property (from tax statement or valuation notice) <i>14.0161.001</i>		School District Number

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Land	Structures	Total
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If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Total Amount Contested	Portion of total amount contested you are willing to pay
------------------------	--

Explain why you think this settlement is fair and reasonable

Homestead Class didn't hold on RVL record

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant <i>[Signature]</i>	Date <i>5/13/20</i>
--	------------------------

Note: Minnesota Statutes, Section 609.41, "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00, or both."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

Sign Here

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

Year	Market Value		Taxes	Penalties	Interest	Costs	Total
	Land	Improvements					

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

☐ Approved ☐ Denied

Signature _____ Title _____ Date _____

Recommendation of County Auditor

☐ Approved ☐ Denied

Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied

Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

Final Approval

DEPARTMENT OF REVENUE

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid. (M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____

Application for Property Tax AbatementFor Taxes Levied in Tax Year(s): 2019And Taxes Payable in Year(s): 2020**Applicant Information**

Applicant and Property Information

Last Name <u>Martell</u>	First Name <u>Jacob</u>	Middle Initial
Property Address <u>9338 Hoomis Rd</u>		PRIVACY INFORMATION REMOVED
City <u>Caledonia</u>	State <u>MI</u> Zip code <u>55921</u>	
Parcel ID or legal description of property (from tax statement or valuation notice) <u>14.0161.005</u>		School District Number <u>Houston</u>

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Land <u>56700</u>	Structures <u>-</u>	Total <u>56700</u>
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If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
------	--	------------------	-------------

Explain why the above amount has not been paid

Total Amount Contested	Portion of total amount contested you are willing to pay
------------------------	--

Explain why you think this settlement is fair and reasonable

Homestead Class should extend to this parcel also

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant <u>[Signature]</u>	Date <u>5/13/20</u>
--	------------------------

Note: Minnesota Statutes, Section 609.41, "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00, or both."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

Sign Here

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

Year	Market Value		Total	Taxes	Penalties	Interest	Costs	Total
	Land	Improvements						

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

☐ Approved ☐ Denied

Signature _____ Title _____ Date _____

Recommendation of County Auditor

☐ Approved ☐ Denied

Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied

Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

Final Approval

DEPARTMENT OF REVENUE

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid.(M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____

Application for Property Tax Abatement

For Taxes Levied in Tax Year(s): _____

And Taxes Payable in Year(s): _____

Applicant and Property Information

Applicant Information

Last Name <i>GSSR Snyder</i>		First Name <i>David</i>		Middle Initial
Property Address <i>219 E Grove</i>				
City <i>Caledonia</i>		State <i>MN</i>	Zip code <i>55921</i>	County <i>Houston</i>
Parcel ID or legal description of property (from tax statement or valuation notice) <i>21.0079.000</i>				School District Number

PRIVACY INFORMATION REMOVED

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Land <i>6000</i>	Structures <i>104600</i>	Total <i>110600</i>
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If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
------	--	------------------	-------------

Explain why the above amount has not been paid

Total Amount Contested	Portion of total amount contested you are willing to pay
------------------------	--

Explain why you think this settlement is fair and reasonable

Value was increased in error. Owner had brought it to our attention. Error was corrected. ~~Value~~ abatement was not issued

Sign Here

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant <i>[Signature]</i>	Date <i>1/9/2020</i>
--	-------------------------

Note: Minnesota Statutes, Section 609.41. "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00, or both."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

Year	Market Value			Taxes	Penalties	Interest	Costs	Total
	Land	Improvements	Total					

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

☐ Approved ☐ Denied

Signature _____ Title _____ Date _____

Recommendation of County Auditor

☐ Approved ☐ Denied

Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied

Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

Final Approval

DEPARTMENT OF REVENUE

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid. (M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____

Application for Property Tax AbatementFor Taxes Levied in Tax Year(s): 2018And Taxes Payable in Year(s): 2019

Applicant and Property Information

Applicant Information

Last Name <u>Maus</u>	First Name <u>Kimberly</u>	Middle Initial <u>A</u>
Property Address <u>309 E Lincoln St</u>		PRIVACY INFORMATION REMOVED
City <u>Caledonia</u>	State <u>MN</u>	
Zip code <u>55921</u>		County <u>Dakota</u>
Parcel ID or legal description of property (from tax statement or valuation notice) <u>21.0181.001</u>		School District Number

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Land <u>13200</u>	Structures <u>80200</u>	Total <u>93400</u>
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If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
------	--	------------------	-------------

Explain why the above amount has not been paid

Total Amount Contested	Portion of total amount contested you are willing to pay
------------------------	--

Explain why you think this settlement is fair and reasonable

This parcel was taxed as non-homestead.
Homestead Class was removed in error

Sign Here

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant <u>Kimberly A. Maus</u>	Date <u>2-7-2020</u>
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Note: Minnesota Statutes, Section 609.41. "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00, or both."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

Year	Market Value			Taxes	Penalties	Interest	Costs	Total
	Land	Improvements	Total					

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

☐ Approved ☐ Denied

Signature _____ Title _____ Date _____

Recommendation of County Auditor

☐ Approved ☐ Denied

Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied

Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

Final Approval

DEPARTMENT OF REVENUE

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid. (M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____

For Office Use Only

Name of applicant _____

Assessment year _____

☐ Approved

Assessor's signature _____

Date _____

☐ Denied

CR-LODA

RECEIVED

FEB 14 2020

Application for Local Option Disaster Abatements and Credits**County** _____

If your property has been damaged or destroyed by a natural disaster or other type of accident, you may be eligible to receive some property tax relief on this year's and next year's property taxes. The type of tax relief you receive will depend on whether your property is homesteaded, whether it is located within a declared disaster or emergency area, the amount of damage sustained, and a number of other factors. If an assessor has not already reassessed your property, you should contact your county assessor's office and request that an assessor view the damage for the purpose of receiving disaster relief.

Applicant and Property Information

Last Name <i>Cords</i>	First Name <i>Gared</i>	M.I. <i>W</i>	PRIVACY INFORMATION REMOVED
Mailing Address - Street <i>1086 Dump Hill</i>	City/Town <i>Rushford</i>	State <i>MN</i>	Zip Code <i>55971</i>
Telephone (Work)	Telephone (Home) <i>(507) 458-4681</i>		
Property ID or Parcel Number (found on your property tax statement) <i>10.0063.001</i>			
Address of Damaged Property (if different than mailing address): <i>1086 Dump Hill</i>			
Legal Description of Property (found on your property tax statement): <i>S7 T104 R7 N 7A SE 1/4 NE 1/4</i>			
Is the property homesteaded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		How many months was the property unable to be occupied or used? Date you left property: <i>October 31, 2019</i>	
Is the property located in a county designated as a disaster or emergency area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date you returned to property: _____	

Statement of Facts

Applicant's statement of facts. (Please list type of disaster, type of damage, and any other information you deem relevant.)

House fire Lost everything.

*Disaster Credit: 2 months in 2019 = $\frac{2}{12} \Rightarrow \frac{1}{6}$
House value was \$132,000 $\Rightarrow 132,000 \times \frac{1}{6} = 22,000$
\$22,000 Credit applied to 2020 taxes ms. 273.123*

$$\begin{array}{r} 132,000 \\ - 22,000 \\ \hline 110,000 \end{array}$$

By signing below, I certify, to the best of my knowledge, the above statements are true and correct.

Sign Here

Signature of Property Owner <i>[Signature]</i>	Date <i>2/11/20</i>
---	------------------------

Note: Minnesota Statutes, Section 609.41, "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00, or both."

Use of Information

The information on this form is required by Minnesota Statutes, section 273.1233 to properly identify you and determine if you qualify for a disaster abatement and/or credit. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

For Office Use Only

Report of investigation

I hereby report that I have investigated the statements made in this application and find the facts to be as follows:

Signature

Date

The following accurately reflects both existing and proposed amounts.

		Market Value		Class	Tax Capacity	Tax Before Credits	Other Credits	Tax Payable
	Land	Improvements	Total					
Pre-damage								
Post-damage								
Reduction								

☐

Tax is Paid

☐

Tax is Not Paid

Date

Local Tax Rate

Certifications of approval. For this abatement to be approved, the assessor, county auditor and the county board of commissioners must all favorably recommend its adoption.

Assessor's recommendation

☐

Approved

☐

Denied

Signature

Date

County auditor's recommendation

☐

Approved

☐

Denied

Signature

Date

County board of commissioner's action (to be completed by the county auditor)

☐

Approved

☐

Denied

Signature

Date

I certify that at a meeting held on _____, _____, the County Board, took the above official action on this abatement. This action was duly adopted and entered upon the minutes of its proceedings as a public record, showing the name(s) of taxpayer(s), other concerned persons and the amounts involved.

Certifications of final approval (complete only for approved abatements). This section to be completed by the county auditor. I further certify that the approval of this abatement has resulted in the following changes:

Reduction of Tax	\$ _____
Reduction of Penalty	\$ _____
Reduction of Interest	\$ _____
Total Reduction/Refund	\$ _____
Total Payable	\$ _____

Signature

Date

Application for Property Tax AbatementFor Taxes Levied in Tax Year(s): 2017And Taxes Payable in Year(s): 2018**Applicant Information**

Applicant and Property Information

Last Name <u>BOLDT</u>		First Name <u>Tim</u>		Middle Initial
Property Address <u>13839 Addleman</u>				
City <u>Houston</u>	State	Zip code	County	
Parcel ID or legal description of property (from tax statement or valuation notice) <u>D6.0130.000</u>				School District Number

PRIVACY INFORMATION REMOVED

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Land <u>92600</u>	Structures <u>178100</u>	Total <u>270700</u>
----------------------	-----------------------------	------------------------

If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
------	--	------------------	-------------

Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
------	--	------------------	-------------

Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
------	--	------------------	-------------

Explain why the above amount has not been paid

Total Amount Contested	Portion of total amount contested you are willing to pay
------------------------	--

Explain why you think this settlement is fair and reasonable

Valuation error on out buildings.
Corrected on 11-7-19

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant 	Date <u>11-7-19</u>
---	------------------------

Note: Minnesota Statutes, Section 609.41, "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00, or both."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

270 → 160

38300

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

Year	Market Value			Taxes	Penalties	Interest	Costs	Total
	Land	Improvements	Total					

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

☐ Approved ☐ Denied

Signature _____ Title _____ Date _____

Recommendation of County Auditor

☐ Approved ☐ Denied

Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied

Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

Final Approval

DEPARTMENT OF REVENUE

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid. (M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____

Application for Property Tax AbatementFor Taxes Levied in Tax Year(s): 2018And Taxes Payable in Year(s): 2019

Applicant and Property Information

Applicant Information

Last Name <u>BOLDT</u>		First Name <u>Tim</u>		Middle Initial
Property Address <u>13839 Aldermen</u>				
City <u>Houston (twp)</u>	State	Zip code	County	
Parcel ID or legal description of property (from tax statement or valuation notice) <u>06.0130.000</u>				School District Number <u>Houston</u>

PRIVACY INFORMATION REMOVED

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Land	Structures	Total
------	------------	-------

If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
------	--	------------------	-------------

Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
------	--	------------------	-------------

Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
------	--	------------------	-------------

Explain why the above amount has not been paid

Total Amount Contested	Portion of total amount contested you are willing to pay
------------------------	--

Explain why you think this settlement is fair and reasonable

Valuation error on out buildings
Returned to correct value on 11-7-19

Applicant's Statement of Facts/Settlement

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant 	Date <u>11-7-19</u>
---	------------------------

Note: Minnesota Statutes, Section 609.41. "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00, or both."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

Sign Here

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

Year	Market Value			Taxes	Penalties	Interest	Costs	Total
	Land	Improvements	Total					

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

☐ Approved ☐ Denied

Signature _____ Title _____ Date _____

Recommendation of County Auditor

☐ Approved ☐ Denied

Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied

Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

Final Approval

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid. (M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____

DEPARTMENT OF REVENUE

Houston County Agenda Request Form

Date Submitted: May 20, 2020

BOARD DATE: May 26, 2020

Person requesting appointment with County Board: Brian Pogodzinski

Issue:

Board approval needed prior to acceptance of CARES Act funding for the Airport in the amount of \$20,000.

Attachments/Documentation for the Board's Review:

CARES Act Grant Agreement

Justification:

Action Requested:

Board approval to accept the grant agreement, with authorization for Brian to e-sign the agreement, similar to other airport agreements.

For County Use Only						
<u>Reviewed by:</u>	_____	County Auditor	_____	County Attorney	_____	Zoning Administrator
	_____	Finance Director	_____	County Engineer	_____	Environmental Services
	_____	IS Director	_____	Other (indicate dept)	_____	
<u>Recommendation:</u>						
<u>Decision:</u>						

All agenda request forms must be submitted to the County Auditor by 4:00 p.m. on Monday in order to be considered for inclusion on the following week's agenda. The Board will review all requests and determine if the request will be heard at a County Board meeting.

RESOLUTION NO. 20-29

**AUTHORIZATION TO EXECUTE THE CARES ACT GRANT OFFER FOR THE
HOUSTON COUNTY AIRPORT**

May 26, 2020

BE IT RESOLVED that the Houston County Board of Commissioners accepts the CARES Act Grant No. 3-27-0016-008-2020 for the Houston County Airport; and

BE IT FURTHER RESOLVED that the County Engineer, is authorized to execute the Contract and any amendments on behalf of the County of Houston.

CERTIFICATION**

STATE OF MINNESOTA
COUNTY OF HOUSTON

I, Jeff Babinski, do hereby certify that the above is true and correct copy of a resolution adopted by the Houston County Board of Commissioners at the session dated May 26, 2020.

WITNESSED under my hand and the seal of my office this 26th day of May 2020.

Houston County Agenda Request Form

Date Submitted: May 11, 2020

BOARD DATE: May 12, 2020

Person requesting appointment with County Board: Brian Pogodzinski

Issue:

Board approval needed to approve pavement markings quote, CP 2020-05.

Attachments/Documentation for the Board's Review:

2020 Pavement Marking Quote abstract is attached.

Justification:

Action Requested:

Board approval to accept the low bid for Pavement Markings from Sir Lines-A-Lot.

For County Use Only			
<u>Reviewed by:</u>	<input type="checkbox"/> County Auditor	<input type="checkbox"/> County Attorney	<input type="checkbox"/> Zoning Administrator
	<input type="checkbox"/> Finance Director	<input type="checkbox"/> County Engineer	<input type="checkbox"/> Environmental Services
	<input type="checkbox"/> IS Director	<input type="checkbox"/> Other (indicate dept)	
<u>Recommendation:</u>			
<u>Decision:</u>			

All agenda request forms must be submitted to the County Auditor by 4:00 p.m. on Monday in order to be considered for inclusion on the following week's agenda. The Board will review all requests and determine if the request will be heard at a County Board meeting.



5/11/2020

Houston County DOT Project Bid Summary

Project Name: CP 2020-05 Pavement Marking Contract No.:
Client: Houston County Department of Project No.: CP 2020-05
Transportation
Bid Opening: Owner: Houston County Department of Transportation

Vendor Number	Business Name	Total Bid Amount
6301	Sir Lines-A-Lot	\$116,277.00
19302	Traffic Marking Service	\$121,815.77
0001	AAA Striping Service Co	\$127,685.25
5820	Fahrner Asphalt Sealers LLC	\$130,922.29

HOUSTON COUNTY HIGHWAY DEPARTMENT FACILITY

CONSTRUCTION MANAGEMENT SERVICES SCOPE PACKAGE



HOUSTON COUNTY
MINNESOTA

CONSTRUCTION MANAGEMENT SERVICES SCOPE PACKAGE

Issue Date

June 1, 2020
CM RFP

Project Location

1124 E. Washington St.
Caledonia, MN 55921

PROJECT TEAM

Owner

Houston County
304 S. Marshall St.
Caledonia, MN 55921

Architect of Record

Barrientos Design and Consulting
205 West Highland Ave., Suite
303
Milwaukee, WI 53203
(414) 271-1812

DOCUMENT 00 01 01 - PROJECT TITLE PAGE

PROJECT MANUAL VOLUME 1 of 1 – CM SERVICES SCOPE PACKAGE
New County Highway Department Facility Construction

Project Name

Houston County Highway Department Facility
Houston County, MN

Architect

Barrientos Design & Consulting
205 West Highland Avenue, Suite 303
Milwaukee, Wisconsin 53203
Phone: 414-292-1981

Architect Project No. 50854

Issued: xxx xx, xxxx

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END OF DOCUMENT 00 01 01

PROJECT TITLE PAGE

00 01 01 - 1



HOUSTON COUNTY

MINNESOTA

00 11 13 ADVERTISEMENT FOR CM SERVICE

Houston County is requesting proposals from qualified consultants to provide the County with Construction Management services for the design and construction of a Houston County Highway Department Facility.

Deadline for submission: 4:00 PM CDT, ###, 2020

All proposals must be endorsed with the name of the provider, and clearly titled: 'Proposal for Construction Management Services' and mailed or emailed to:

Brian Pogodzinski
quotes@co.houston.mn.us
County Engineer
1124 E. Washington Street
Caledonia, MN 55921

All proposals must be received by Houston County by the deadline established by this RFP.

Houston County has designated its official website as <https://co.houston.mn.us>. RFP forms, attachments, requests for information and requests for proposals will be done on the official website as an alternative means to disseminate solicitations of construction and maintenance projects.

END OF DOCUMENT 00 11 13

DOCUMENT 00 21 13 – PROJECT DESCRIPTION

Construction and final design of a new central Highway Department Facility for the county-wide operations of the Houston County Highway Department.

PROJECT BACKGROUND

Houston County maintains a Highway Department Facility located at 1124 East Washington Street in Caledonia, MN. The Houston County Board of Commissioners has determined that the existing facility is no longer suitable to accommodate the needs of the Transportation Department and has authorized the County Engineer to retain the services of a Construction Manager with the intention of constructing a replacement central Highway Department Facility. The replacement facility will be located on the site of the current facility.

The Construction Manager services are to include contracting and supervision of an Architect/Engineer (A/E) for the Final Design services required.

To date Houston County has retained Barrientos Design & Consulting for the development of scope design documents. A preliminary site plan and a main building floor plan have been completed and are attached to this project manual.

A. Construction Managers Role(s)

The Construction Manager will take an advisory role during the design phase, then change the role to that of leading the project through the bidding phase, the construction phase, and including the twelve (12) month warranty review.

Self-Performance: The primary responsibility of the selected vendor is to provide construction management and A/E services and serve as Houston County's representative during all phases of planning and construction. The selected vendor will be allowed to bid on construction services.

END OF DOCUMENT 00 21 13

DOCUMENT 00 21 14 – SCOPE OF SERVICES

The purpose of this project manual is to obtain professional services from a qualified firm to perform Construction Management services for the design and building of a central Highway Department Facility. The Construction Manager will also provide Architect/Engineer services as part of the Construction Management contract.

CONSTRUCION MANAGER’S SCOPE

A. Scope Documentation

1. Complete a thorough review of the Houston County Transportation Space Tabulation and corresponding documents from Barrientos Design & Consulting. Evaluate site plans, building layout, and recommendations submitted in the report.
2. Meet with the County Administrator and Highway Engineer to discuss project needs, layout, and conduct a physical review of the site.
3. Confirm the County’s budget, schedule and delivery approach.

B. Design Phase

1. Through the CM’s Architect, revise the prior Schematic Design to meet the budget set by the County.
2. Develop a Cost Estimate with sufficient detail to be used as the basis for County Board information. The data should include capital costs for facility construction and fixed equipment.
3. Procure quotes from vendors and suppliers on major components of the work. Adjust the design assembly based on market-based condition and vendor quotes.
4. Establish a Cost Control Estimate.
5. Offer project design and/or coordination of ideas that may result in cost savings, efficiencies, and a high-quality facility.
1. Act as the County’s representative on the project, including an on-site presence. Oversee the project safety and insurance programs and manage site security.
2. Monitor the compliance of contractors with applicable codes and regulations, including ensuring all materials are of high quality and standards.
3. Prepare any routine progress and budget reports deemed necessary by the County, including but not limited to progress updates, budget status, and forecasting activities planned as well as any deviations from the County-approved work schedule.
4. Review, validate, and maintain overall program budget.
5. Develop and maintain master project schedules, contractors’ detailed construction work activities and schedules, submittal schedules, occupancy schedules, etc.
6. Procure surveyors, special consultants, and testing lab services, as required, upon authorization of the County.
7. Manage other consultants’ contracts and payments as needed
8. Assist with and/or provide presentations to the County Board and supervisory committees.
9. Develop and maintain a document management system for existing condition plans, construction documents, and record drawings.

10. Evaluate final design for Budget compliance and for construction and operational efficiency.

C. Bidding

The bid process is to be managed by the Construction Manager with input from the County. This is to include review of the bid categories and specifications prior to releasing the bids.

1. Prepare General Conditions and Bidding Documents
2. Issue Bidding Documents
3. Facilitate a Pre-Bid Meeting
4. Address Bidder questions and issue Addenda if necessary
5. Qualify and review all low bidders and provide a recommendation of award. Final award is to be made by the County.

D. Contract Administration

1. Act as the County's representative on the project, including an on-site presence. Oversee the project safety and insurance programs and manage site security.
2. Monitor the compliance of contractors with applicable codes and regulations, including ensuring all materials are of high quality and standards.
3. Develop and coordinate a master safety and insurance program with contractors. Review, verify, and monitor all insurance and safety procedures to assume compliance with master program and County's objectives.
4. Prepare any routine progress and budget reports deemed necessary by the County, including but not limited to progress updates, budget status, and forecasting activities planned as well as any deviations from the County-approved work schedule.
5. Review, validate, and maintain overall program budget.
6. Develop and maintain master project schedules, contractors' detailed construction work activities and schedules, submittal schedules, occupancy schedules, etc.
7. Procure surveyors, special consultants, and testing lab services, as required, upon authorization of the County.
8. Manage other consultants' contracts and payments as needed
9. Assist with and/or provide presentations to the County Board and supervisory committees.
10. Develop and coordinate a master safety and insurance program with contractors. Review, verify, and monitor all insurance and safety procedures to assume compliance with master program and County's objectives.
11. Schedule and conduct pre-construction meetings.
12. Develop and issue a comprehensive Contractors Procedures Manual defining communications, administrative, and field construction requirements to be followed.
13. Process and sign off on payment requests of contractors for approval and payment.
14. Identify critical long-lead items and develop a strategy and schedule for the purchase of such items.
15. Provide continuous on-site program/construction management throughout the construct phase.
16. Process all change orders.

17. Conduct weekly job site meetings as necessary along with recording and distributing meeting minutes to participants.
18. Oversee quality assurance testing and inspection programs. Manage development of punch lists and project closeout.
19. Receive, review, and administer written guarantee and warranty records with the County.
20. Assist the County in performing guarantee and warranty inspections with architects and contractors.
21. Assist the County in coordinating and identifying requirements necessary to obtain Certificate of Occupancy.
22. Assist with post-construction start-up and transition to operations, including training and orientation of facility personnel as needed.
23. Assist the County in resolution of any outstanding claims arising out of the project.
24. Submit final Program/Construction Management project status report summarizing individual project history and conformance to schedule and budgets.
25. Provide 11th month follow-up.

ARCHITECTURAL/ENGINEERING DESIGN SERVICES

The Construction Manager (CM) will provide Architectural/Engineering (A/E) services as part of the CM contract. This section references the responsibility for design as the CM/AE

For the design and construction administration of the new Highway Garage, the CM/AE is to provide services in these Phases: Design Development, Construction Documents, and Construction Administration. The terms, responsibilities, definitions and phases generally will follow the AIA B133 2014 Owner-Architect Agreement with a CM as Constructor except the reference to the Owner shall mean the CM.

The CM/AE will provide these professional design services:

1. Architecture
2. Civil Engineering
3. Structural Engineering
4. HVAC Engineering
5. Plumbing and Fire Protection
6. Electrical Engineering, including the mounts and distribution for IT, communications and security.

Not included in CM/AE's scope are:

1. Environmental and hazardous material investigations
2. Survey and Geotechnical services – procurement of these services will be provided by the CM/AE
3. Selection of furniture, loose equipment, telephones, AV, security equipment, data systems and room signage
4. Wetland surveys and delineation
5. Traffic studies
6. Sustainable rating applications (ie..LEED) and energy grant and credits applications

The building design documents will be created within a 3D Building Information Modeling (BIM) software, including the work of all building engineering Subconsultants. The BIM model will be interactively shared with the Design and Construction team throughout all phases.

DESIGN DEVELOPMENT & PLANNING APPROVALS

1. The Design Development will fix and describe the size and character of major building assemblies, major building engineering systems and a preliminary site design.
2. Review past Schematic Design provided by the County and adjust this design to conform to the budget established.
3. Finalize the selection of the building assembly, materials and finishes.
4. Create building sections and typical wall sections.
5. Developed detailed floor plan layouts for all rooms showing fixtures, equipment and furnishings.
6. Sizing, selection and layout of engineering systems: structural, HVAC, Plumbing and Electrical
7. Selection and specification of specialized fixed equipment for the building and the site. This will include the equipment items of: vehicle lifts, bulk fluids, vehicle washing, fueling station, truck scale, and salt brine shed.
8. Building engineering preliminary design: structural, HVAC, electrical, plumbing.
9. Finalize site engineering of grading, paving, stormwater, erosion control, paving, site lighting along with agency required submittals.
10. Preliminary technical specifications.
11. Conduct preliminary building code review.
12. Finalize site plan development plan suitable for City's Site Plan Approval. Along with architectural plans, submit site and building plans for and Plan Commission review. Prepare design documents for Agency hearings and attend meetings.
13. Provide clearly documented plans and a BIM model for a quantity-level take-off cost estimate.
14. Review cost estimates and participate in value engineering analysis. Update designs to meet budgetary limits.
15. Submit Design Development Package to the County for review.
16. Provide a technical presentation of the Design Development documents to the County.

CONSTRUCTION AND BIDDING DOCUMENTS

1. Following approval of the Design Development plans and budget, proceed with Construction Documents consisting of drawings, schedules and specifications that set forth in detail the quality levels of materials, systems and other requirements of the Work for the construction Contract.
2. Finalize all discipline's selection, sizing, layout and quantities.
3. Finalize selection of all products, materials and equipment. Provide a Final Specification by Division of Work.
4. Provide a finish board of interior products.
5. Provide Construction Documents and the BIM model for use in updating the cost model. Review cost estimates and participate in value engineering options.
6. Submit plans, calculations and applications for State Building Plan Review.

7. Submit the Construction Document package to the County and the CM for a final review.

CONSTRUCTION ADMINISTRATION SERVICES

1. During Bidding, respond to Bidders' request for clarification or substitutions with Addenda.
2. Attend Construction Kick-off meeting
3. Familiarize with the construction and submittal schedule.
4. Review of shop drawings and other submittals. Up to two reviews of submittals are to be provided.
5. Answers RFI's and generate Construction Bulletins.
6. Provide Change Orders and Clarifications
7. Conduct Construction Observation meeting at intervals necessary to review the conformance of the Work to the Contract Documents. At a minimum, provide 10 construction observation visits.
8. Determine and Issue a Certificate of Substantial Completion. Following this, conduct a Punch List review. Provide a second and final Punch List review.
9. After final review, issue a Final Certificate for Payment.
10. Provide engineering start-up and balancing of mechanical and electrical equipment
11. Provide the Owner with warranties operation manuals.

END OF DOCUMENT 00 21 14

DOCUMENT 00 24 13 – TIMETABLE OF PROJECT

Project manual available for distribution to prospective consultant	June 1, 2020
Deadline for receipt of questions	June 15, 2020
Deadline for submittal of Proposal	July 1, 2020
Approval and award of selected firm	July 15, 2020
Complete Architectural & Engineering Construction Documents.....	November 1, 2020
Bidding start	November 15, 2020
Construction start	February 1, 2021
Construction close-out	December 30, 2021

END OF DOCUMENT 00 24 13

DOCUMENT 00 31 13 – BIDDER INSTRUCTIONS

A. Request for Proposal Information

It is the responsibility of the consultant to carefully read the project manual, which contains provisions applicable to successful completion and submission of a proposal. If any ambiguity, inconsistencies, or errors are discovered in the project manual, Houston County must be notified in writing. Only interpretations or corrections of the project manual made in writing through addenda by Houston County will be considered binding. The County Engineer must receive all requests for interpretation or correction no later than the date specified in the project manual Timetable (document 00 24 13). The project manual consists of all documents identified in the Scope of Services (document 00 21 14) of this project manual.

B. Clarification of the Project Manual

If additional information is necessary to assist the vendor in interpreting this project manual, questions will be accepted by: Brian Pogodzinski, County Engineer, 1124 E. Washington Street, Caledonia, MN 55921, telephone 507-725-3925 or email quotes@co.houston.mn.us.

Proposers are expected to raise any questions, exceptions, or additions they have concerning the project manual document by the date listed in the Timetable (document 00 24 13) and not wait until after the submittal due date.

C. Contracting Department

Houston County will administer the contract resulting from this request for proposals. Contracts and project management contact is Brian Pogodzinski, County Engineer. Telephone 507-725-3925 or email quotes@co.houston.mn.us.

END OF DOCUMENT 00 31 13

DOCUMENT 00 31 32 – PREPARING AND SUBMITTING

A. General Instructions

Evaluation and selection of the firm for this project will be based on information submitted in the request for proposal plus references, oral presentations (if requested), and supplemental information. Failure to respond to each requirement in the project manual may be basis for rejecting the proposal.

Elaborate Proposals; e.g. expensive artwork beyond that which is sufficient to present a complete and effective proposal is not necessary.

B. Submission of Proposal

The following information must be included in your proposal on standard sized paper and organized with headings and sub-headings.

1. Letter of introduction including name of primary contact, phone number, fax number, e-mail address, and web site address. Include preferred method of contact.
2. Indicate your firm's construction management information and experience. Describe the firm's capability to provide the services requested. Include a list of the last three (3) government projects completed by your firm. Include a list of three (3) of your firm's most recent similar projects and budget ranges by the firm, including the firm's lead person and references for the project. Include any additional relevant information.
3. Identify the construction management staff proposed to complete the project.
4. Provide a construction management scope of work.
5. Include a sample progress report from a previous project if available.
6. Provide a draft list of the number of estimated hours proposed to accomplish the proposed services and your time frame to complete the project.
7. Provide the proposed Architect/Engineer's qualifications, project experience, key staff resume. Demonstrate they have experience with highway and public works garages. Provide examples of five garages designed and completed by the Architect in the last five years.

The following information must appear on the proposal submission:

Proposal for Construction Management Services of a Houston County Highway Department Facility

Proposals must be emailed to:

Brian Pogodzinski
quotes@co.houston.mn.us
Houston Engineer
1124 E. Washington Street
Caledonia, MN 55921

All emailed proposals must be received by Houston County by the deadline established by this project manual.

END OF DOCUMENT 00 31 32

DOCUMENT 00 41 00 – EVALUATION PROCESS AND CRITERIA

The Selection Committee will first evaluate and rate all responsive proposals on the qualification criteria listed below.

1. Complied with format, complete proposal (Acceptable/Not Acceptable)
2. Company profile/capability of firm (10 points)
3. Experience and qualifications of firm (15 points)
4. Experience and qualifications of staff (15 points)
5. Experience and qualifications of A&E (20)
6. Proposed scope of work (10 points)
7. Expected outcome (10 points)
8. Costs (20 points)

Proposer(s) must attain a minimum of 75% of the possible points (items 2-8) to be considered qualified for the project. Costs will be submitted in a separate clearly marked envelope with all proposals. The County may limit the final list to the top 2-4 firms and interviews may or may not be conducted.

END OF DOCUMENT 00 41 00

DOCUMENT 00 72 00 – STANDARD TERMS AND CONDITIONS

A. Contract Agreement

Houston County intends to utilize the AIA 133-2009 “Standard Form of Agreement Between Owner and Construction Manager as Contractor” where the basis of payment is the cost of work plus a fee with a Guaranteed Maximum Price. Use the attached Cost Form to outline your proposed compensation, including the Construction Management Fee and the Pre-Construction Fee.

B. Award Procedures

Award of the contract will be made to the consultant judged to be the best qualified in meeting the overall objectives of the project manual, while providing the best value and service to Houston County. The County reserves the right to reject any and all proposals.

C. Appeals Process

Protests of this award must be made in writing specifically stating provisions that have been violated and filed with the County Administrator to his email, jeff.babinski@co.houston.mn.us, within 10 days after issuance notice of award or after such proposer knows or should have known the facts given rise thereto.

D. Locked Price Period

You are requested to submit your best and final cost (attached, Section 8) the first time as cost is a weighted factor in making the award. All prices, costs, and conditions outlined in the PROJECT MANUAL shall remain locked and valid for acceptance for a period of 90-days commencing on the due date of contractor's proposal. The County reserves the right to negotiate the scope of services and cost with the highest ranked firm, should the estimated costs exceed the available approved budget for the project.

E. Certification of Independent Price Determination

By signing this proposal, the respondent certifies, and in the case of a joint proposal, each party thereto certifies as to its own organization, that in connection with this procurement:

1. The process in this proposal has been arrived at independently, without consultation, communication, agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other respondent or with any competitor;
2. Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the respondent and will not knowingly be disclosed by the respondent prior to opening in the case of an advertised procurement or prior to award in the case of a negotiated procurement, directly or indirectly to any other respondent or to any competitor;

3. No attempt has been made or will be made by the respondent to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.

F. Insurance

Insurance Responsibility: The contractor to perform services for Houston County shall maintain:

1. Worker's compensation insurance as required by Minnesota Statutes, for all employees engaged in work:
2. Commercial general liability and property damage against any and all claim(s) which might occur in the carrying out of this agreement/contract. Minimum coverage is \$1.5 million per occurrence and \$3 million in annual aggregate. Houston County is to be listed as Additional Insured on all policies.
3. Auto Liability Coverage with minimum limits of liability of \$1.5 million on a combined single limit basis. Auto coverage will include any auto, including hired and nonowned. Houston County is to be listed an Additional Insured on all policies.
4. Professional liability insurance; minimum coverage is \$2 million per act and \$4 million in annual aggregate. Provide, upon request, an insurance certificate(s) indicating this coverage, countersigned by an insurer licensed to do business in the State of Minnesota, covering the period of this agreement/contract.

G. Cancellation

Houston County reserves the right to cancel this contract in whole or in part without penalty due to the non-appropriation of funds or for failure of the contractor to comply with terms, conditions, and specification of this contract.

H. Contract Award

The County reserves the right to award a contract to the Proposer whose Proposal is deemed to be in the best interest of Houston County.

END OF DOCUMENT 00 72 00

DOCUMENT 00 73 00 – PROPOSED COST FORM

Construction Manager Services – Houston County Highway Garage Facility

Proposed Cost

Indicate % and dollar amount

Use the estimated \$5-6 million as the project cost and a 5 month preconstruction period (design review and specification / bid development) as well as a 10 month construction period to calculate your cost below. The payment to the construction manager will be based on the percentage applied to the actual cost of the project.

1. Fee for the Construction Management Services: _____ %
(Attach list of items that will be included)

Dollar value based on the estimated cost:
\$ _____ dollars ____ cents

2. Estimated Fees for General Conditions: _____ %
or \$ _____ dollars ____ cents

Please list the items that will be included in the General Conditions. If it is not listed, the services/fees should be included in the Construction Manager Services fee.

3. Pre-Construction Costs: _____ %
or \$ _____ dollars ____ cents

Note that approval of bids may or may not be approved by the County Board. If there are costs based on the CM's services completed during the pre-construction timeframe that will be invoiced to the County if the project is NOT approved, indicate those costs/fees. If these services are included in the Construction Management Services (#1) and there will not be a separate invoice even if the project is not approved then simply state 'no fee for pre-construction'.

4. Architectural & Engineering Costs _____ %
or \$ _____ dollars ____ cents

5. Other costs. Indicate any other costs that your firm may have on this project. If not listed here or in any of the above categories, payment will not be processed.

\$ _____ dollars ____ cents
Details: _____

6. TOTAL COST (add items #1 through #5)

\$_____dollars____cents

There will be no markup allowed for purchasing materials pre-tax on behalf of the County.

Proposed cost shall be all inclusive, as this shall include items that are sometimes charged separately such as: Office Equipment, Office Space, Trailers, Phone/Fax, Per Diem, or other expenses related to the project.

Date:_____	
Authorized Signature: _____	
Print Name: _____	Title:_____
Name of Firm: _____	
Street Address: _____	
City/State/Zip: _____	
Phone Number: _____	Email:_____

END OF DOCUMENT 00 73 00

DOCUMENT 00 73 16 – PROPOSED BREAKDOWN OF CM FEE AND GENERAL CONDITIONS

TASK/ITEM	INCLUDED IN CM FEE	CM REIMBURSABLES (DIV 51)	BID PACKAGES INCLUDED IN DIVISION 1-33
Superintendent food and lodging			
Superintendent gas/ travel/ mileage			
Project manager fee			
Project manager food & lodging			
Project manager gas/travel/mileage			
Scheduler/project scheduler			
General office (project manager assistant, accounting, coordination)			
Safety coordinator			
Blueprints/copies			
Mailing/UPS			
Building permit			
Project sign			
Final punch list			
Project close-out/ owner training			
General liability insurance			
Project engineer			
Superintendent fee (in field)			
Equipment & Material Transportation (Hauling/ equipment/ supplies)			
Snow removal			
Project cleanup/ dumpsters			
Construction aids (scaffolding, staging, ladders)			
Builder's risk insurance			
Payment and performance bond (if requested)			
Testing lab services			
Inspection services			
Temporary job electrical			
Power company install charges			
Temporary job heat			
Temporary job water			
Temporary job toilets			
Temporary job land phone/ fax			
Temporary job trailer			
Temporary job trailer heat			
Temporary job field computer			
Temporary job storage trailers			
Temporary heat for enclosures			
Construction hoists & cranes			
Temporary enclosures/ fencing			
Temporary walls/ openings/ stairs			
Job site security			
Traffic control			
Temporary access roads/ drives			

Miscellaneous equipment & tool return			
Final clean up			

END OF DOCUMENT 00 73 16

DOCUMENT 02 11 00 – SITE FEATURES

A. Location & Demolition

For the initial scope of work, refer to the Schematic Design set provided by the County.

The new County Highway Department Facility will be located on the site of the existing highway department facility. This site is 9.3 acres.

The following structures will be demolished (see Demo Site Plan):

1. Existing highway shed
2. Existing rock building
3. Existing cold storage
4. Existing shed (at west end near street stub)
5. Existing radio tower

The following structures will be relocated (see Demo Site Plan and Architectural Site Plan):

1. Sheriff impound

B. Site Features & Improvements

The following improvements will be made to the site (see Architectural Site Plan):

1. Fabric-covered bulk storage structures (salt, gravel, etc.)
2. Bin structures (for storage of loose materials)
3. Fueling station and tanks
4. Gravel grading and terracing
5. Re-graded earthwork
6. Tree and grass planting
7. Swales and retaining pond
8. Fencing and electric gates
9. Monument sign at E. Washington Street
10. Asphalt paving and parking markings (including ADA spots)
11. Concrete slabs at overhead door and man door locations

END OF DOCUMENT 02 11 00

DOCUMENT 02 22 00 – CONSTRUCTION ASSEMBLIES

For the initial scope of work, refer to the Schematic Design set provided by the County. The Highway Department Facility building is an approximately 38,600 square foot structure. Uses include heated vehicle storage, vehicle repair facilities, a parts department, crew accommodations, a storage mezzanine, administrative offices, a truck wash, and a cold storage space.

A. Construction Assemblies

Basis of design is the following wall types; but final determination on assemblies will be made by CM once hired.

- i. Footings, Foundation & Slab
 - a. Cast-in-place concrete
- ii. Exterior Walls:
 - a. Pre-cast concrete and/or pre-engineered steel-framed, metal panel assembly
 - b. Aluminum panel rainscreen with metal stud backer wall
- iii. Interior Wall Partitions:
 - a. Metal stud framing with gypsum board – typ.
 - b. CMU partitions
- iv. Roof structure:
 - a. Steel joist and metal decking – typ.
 - b. Precast concrete plank (at truck wash)
 - c. Pre-engineered steel framed metal panel
- v. Roof assembly:
 - a. EPDM with rigid insulation
 - b. Pre-engineered steel framed metal panel

B. Doors

- 1. 20' Wide x 16' High overhead garage doors are typical

C. Windows

- 1. Fixed aluminum windows – typ.
- 2. Storefront glazing system

D. Special Equipment

- 1. Overhead crane
- 2. Bulk fluids rack

END OF DOCUMENT 02 22 00

DOCUMENT 02 44 00 – LIST OF DRAWINGS

A Schematic Design set is referenced and part of this manual. The drawing set includes the following sheets:

- A. T TITLE SHEET
- B. A011 DEMO SITE PLAN
- C. A012 BORING PLAN
- D. A100 ARCHITECTURAL SITE PLAN
- E. A101 BUILDING FLOOR PLAN
- F. A102 ROOF PLAN
- G. A200 NORTH & SOUTH ELEVATIONS
- H. A201 EAST & WEST ELEVATIONS
- I. A300 SECTIONS

END OF DOCUMENT 02 44 00

DOCUMENT 02 55 00 – LIST OF TECHNICAL SECTIONS

DIVISION 03 CONCRETE

- 03 10 00 Concrete Forming and Accessories
- 03 20 00 Concrete Reinforcing
- 03 30 00 Cast-in-Place Concrete
- 03 35 11 Concrete Floor Finishes
- 03 40 00 Structural Precast Concrete

DIVISION 04 MASONRY

- 04 20 00 Unit Masonry

DIVISION 05 METALS

- 05 10 00 Structural Steel Framing
- 05 20 00 Steel Joist Framing
- 05 30 00 Steel Decking
- 05 40 00 Cold-Formed Metal Framing
- 05 50 00 Metal Fabrications
- 05 51 00 Metal Stairs
- 05 52 13 Pipe and Tube Railings
- 05 53 13 Bar Gratings

DIVISION 06 WOOD AND PLASTICS AND COMPOSITES

- 06 10 00 Rough Carpentry
- 06 40 23 Interior Architectural Woodwork

DIVISION 07 THERMAL AND MOISTURE PROTECTION

- 07 13 26 Self-Adhering Sheet Waterproofing
- 07 21 00 Thermal Insulation
- 07 26 00 Thermal and Air Barrier Wall System
- 07 25 00 Weather Barriers
- 07 42 13 Metal Wall Panels
- 07 53 23 EPDM Roofing
- 07 62 00 Sheet Metal Flashing and Trim
- 07 71 00 Roof Specialties
- 07 92 00 Joint Sealants

DIVISION 8 OPENINGS

- 08 11 13 Hollow Metal Doors and Frames
- 08 14 16 Flush Wood Doors
- 08 36 13 Sectional Doors
- 08 41 13 Aluminum-Framed Entrances and Storefronts
- 08 62 50 Tubular Skylights
- 08 71 00 Door Hardware
- 08 80 00 Glazing
- 08 83 00 Mirrors

DIVISION 9 FINISHES

- 09 22 16 Non-Structural Metal Framing
- 09 29 00 Gypsum Board
- 09 30 00 Tiling
- 09 51 13 Acoustical Ceiling Panels
- 09 65 13 Resilient Base and Accessories
- 09 67 00 Fluid-Applied Flooring
- 09 68 13 Tile Carpeting
- 09 91 00 Painting

DIVISION 10 SPECIALTIES

- 10 14 00 Signage
- 10 21 13 Toilet Compartments
- 10 22 26 Operable Partitions
- 10 28 00 Toilet Accessories
- 10 44 13 Fire Extinguisher Cabinets
- 10 44 16 Fire Extinguishers
- 10 51 13 Metal Lockers
- 10 53 00 Prefinished Metal Canopy
- 10 58 00 Spill Containment

DIVISION 11 EQUIPMENT

- 11 11 19 Bulk Fluids Systems
- 11 11 26 Truck Underbody, Chassis and Tire Wash System

DIVISION 12 FURNISHINGS

- 12 21 13 Horizontal Louver Blinds

DIVISION 13 SPECIAL CONSTRUCTION

- 13 34 19 Pre-Engineered Building System
- 13 60 10 Salt Storage Dome Tensioned Fabric

DIVISION 14 CONVEYING EQUIPMENT

- 14 63 00 Top Running Single Girder Bridge Crane

DIVISION 21 FIRE SUPPRESSION

- 21 05 00 Common Work Results for Fire Suppression
- 21 05 29 Hangers and Supports for Fire Suppression Piping and Equipment
- 21 10 00 Water-Based Fire-Suppression Systems

DIVISION 22 PLUMBING

- 22 05 00 Common Work Results for Plumbing
- 22 05 13 Common Motor Requirements for Plumbing Equipment
- 22 05 14 Plumbing Specialties
- 22 05 15 Piping Specialties
- 22 05 23 General Duty Valves for Plumbing Piping
- 22 05 29 Hangers and Supports for Plumbing Piping and Equipment
- 22 07 00 Plumbing Insulation

- 22 10 13 Facility Fuel Piping
- 22 11 00 Facility Water Distribution
- 22 13 00 Facility Sanitary Storage
- 22 14 00 Facility Storm Drainage
- 22 15 13 General Service Compressed Air
- 22 30 00 Plumbing Equipment
- 22 42 00 Commercial Plumbing Fixtures

DIVISION 23 HEATING, VENTILATING AND AIR CONDITIONING

- 23 05 00 Common Work Results for HVAC
- 23 05 11 Motor Starters
- 23 05 12 Disconnect Switches
- 23 05 13 Common Motor And Electrical Requirements For HVAC Equipment
- 23 05 14 Variable Frequency Drives
- 23 05 15 Pipe Specialties
- 23 05 23 General Duty Valves for HVAC
- 23 05 29 Hangers And Supports For HVAC Piping Equipment
- 23 05 48 Vibration And Seismic Controls For HVAC Piping And Equipment
- 23 05 93 Testing, Adjusting, And Balancing For HVAC
- 23 07 00 HVAC Insulation
- 23 09 24 Direct Digital Control System For HVAC
- 23 09 25 Sequence of Operation for HVAC Controls
- 23 12 16 Facility Fueling Package
- 23 21 13 Pipe and Pipe Fittings
- 23 21 23 Pumps
- 23 25 00 Chemical Water Treatment
- 23 31 00 HVAC Ducts and Casings
- 23 33 00 Air Duct Accessories
- 23 34 00 HVAC Fans
- 23 35 16 Engine Exhaust Systems
- 23 36 00 Air Terminal Units
- 23 37 13 Diffusers, Registers, and Grilles
- 23 51 00 Breechings, Chimneys, and Stacks
- 23 52 00 Primary Heating Equipment
- 23 54 00 Gas Fired Heating Equipment
- 23 74 00 Packaged Rooftop Units
- 23 82 00 Heating and Cooling Terminal Units
- 23 83 16 Hydronic Radiant Floor Heating Systems

DIVISION 26 ELECTRICAL

- 26 00 01 Electrical General Requirements
- 26 01 26 Testing Electrical Systems
- 26 01 60 Electrical System Short-Circuit, Coordination and Arc Flash Studies
- 26 05 19 Wire and Cable – 600 Volt and Below
- 26 05 26 Grounding and Bonding
- 26 05 29 Supporting Devices
- 26 05 33 Raceways and Boxes
- 26 05 34 Multi-Outlet Surface Raceway Assemblies

26 05 53 Electrical Identification
26 10 16 Utility Services
26 12 19 Pad Mounted Transformer Service
26 24 16 Panelboards
26 27 26 Wiring Devices
26 28 01 Overcurrent Protective Devices
26 28 16 Safety Switches, Circuit Breakers, and Fuses
26 32 00 Engine Generator Units (Diesel)
26 36 23 Automatic Transfer Switches
26 43 02 Surge Protection Device for Panelboards – TYPE 3
26 51 13 Lighting Fixtures, Lamps, and Ballasts
26 56 29 Exterior Site Lighting

DIVISION 28 ELECTRONIC SAFETY & SECURITY

28 16 46 Vehicle Detection System
28 31 00 Fire Alarm System

DIVISION 31 EARTHWORK

31 05 10 Site Preparation
31 05 12 Temporary Environmental Controls
31 20 00 Earth Moving
31 37 00 Riprap

DIVISION 32 EXTERIOR IMPROVEMENTS

32 11 32 Aggregate Base Course
32 12 16 Asphalt Paving
32 13 13 Concrete Paving
32 31 10 Chain Link Fences and Gates
32 32 16 Precast Modular Block Retaining Wall
32 92 00 Turf and Grasses

DIVISION 33 CIVIL UTILITIES

33 11 30 Water Service
33 31 30 Sanitary Service
33 41 20 Site Storm Sewer System

END OF DOCUMENT 02 55 00

4/27/2020 10:21:01 AM

HOUSTON COUNTY HIGHWAY DEPT. FACILITY

1124 EAST WASHINGTON STREET
CALEDONIA, MINNESOTA 55921

Final Schematic Design Set 5/7/2020



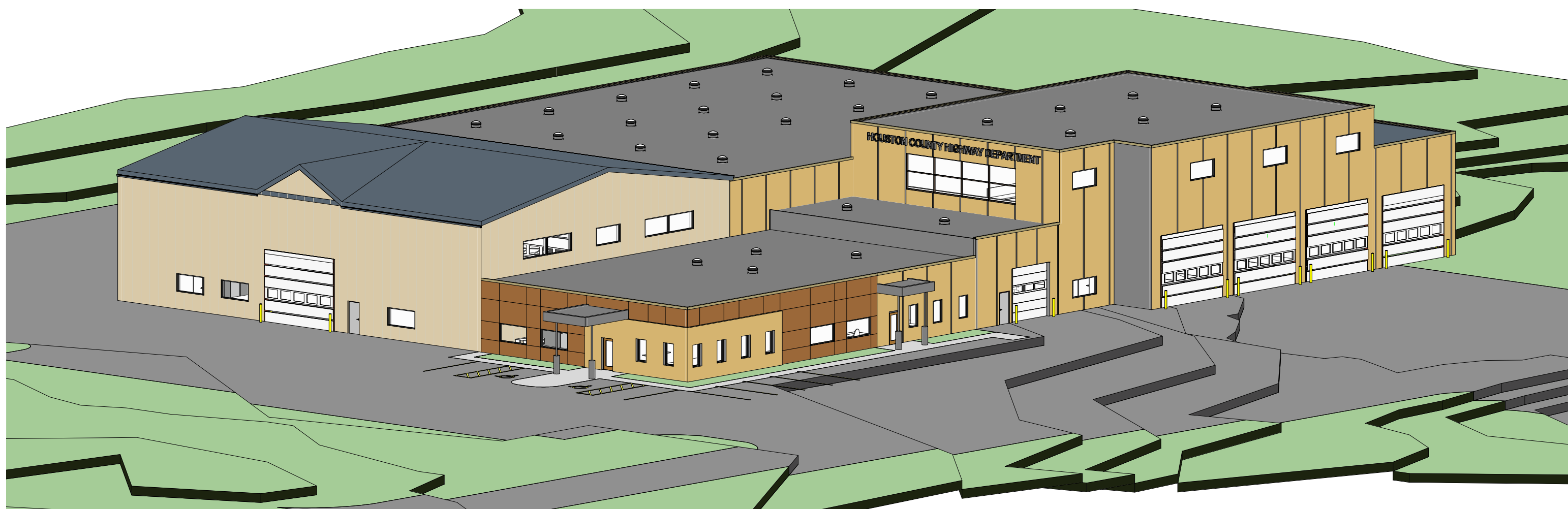
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CONSULTANT

PROJECT TITLE AND LOCATION

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1124 EAST WASHINGTON AVE.
CALEDONIA, MN 55921



3D perspective

NOTE: THIS VIEW IS FOR REFERENCE ONLY, NOT FOR CONSTRUCTION PURPOSES

ABBREVIATIONS

A.C.T. - ACT - ACOUSTICAL CEILING TILE A.F.F. - ABOVE FINISHED FLOOR ACC. - ACCESSORY(IES) AVE. - AVENUE B.O.B. - BOTTOM OF BEAM BD. - BOARD BLDG. - BUILDING C.J. - CONTROL JOINT C.L. - CENTERLINE CLR. - CLEAR CMU - CONCRETE MASONRY UNIT CONC. - CONCRETE COND. - CONDITION(S) CONST. - CONSTRUCTION CONT. - CONTINUOUS CT. - COURT DES. - DESCRIPTION DGLS. - DOUGLAS DIA. - DIAMETER DIM. - DIMENSIONAL DR. - DRIVE E.S. - EXPOSED STRUCTURE ELEV. - ELEVATION(S) EQ. - EQUAL ETC. - ETCETERA EXIST. - EXISTING EXP. - EXPOSURE EXT. - EXTERIOR F.D. - FLOOR DRAIN, SEE PLUMBING	FEC - FIRE EXTINGUISHER CABINET, SEMI-RECESSED F.F.L. - FINISHED FLOOR LEVEL FIN. - FINISH FLR. - FLOOR G.S.F. or gsf - GROSS SQUARE FEET GALV. - GALVANIZED GWB. - GYPSUM WALL BOARD HWD. - HARDWOOD HGT. - HEIGHT HORIZ. - HORIZONTAL HR. - HOUR INSUL. - INSULATION M.O. - MASONRY OPENING MEZZ. - MEZZANINE MFG. - MANUFACTURER MIN. - MINIMUM MLDG. - MOLDING MTL. - METAL N.I.C. - NOT IN CONTRACT N.S.F. or nsf - NET SQUARE FEET N.T.S. - NOT TO SCALE O.C. or O/C - ON CENTER O.H. - OVERHEAD PLAM. - PLASTIC LAMINATE P.T. - PRESSURE TREATED PART. - PARTIAL PLYWD. - PLYWOOD POLYISO. - POLYISOCYANURATE R.C.P. - REFLECTED CEILING PLAN	R.O. - ROUGH OPENING RD. - ROAD REF. - REFLECTED REINF. - RE-INFORCEMENT REQ. - REQUIRED RFEC - RECESSED FIRE EXTINGUISHER CABINET RPTD - RECESSED PAPER TOWEL DISPENSER (AND WASTE) S.F. or sf - SQUARE FEET S.O.G. - SLAB ON GRADE S.S. - STAINLESS STEEL SCHD. - SCHEDULE(D) SECT. - SECTION(S) SQ. or sq. - SQUARE ST. - STREET STL. - STEEL T.O.B. - TOP OF BEAM THK. - THICKNESS T.L.T. - TOILET (ROOM) TYP. - TYPICAL U.C. or U/C - UNDER (BELOW) COUNTER U.L. - UNDERWRITER'S LABORATORY, INC VERT. - VERTICAL VIFY. - VERIFY W.W.M. - WELDED WIRE MESH W/ - WITH W/O - WITH OUT WD. - WOOD WI - WISCONSIN YR. - YEAR
---	--	---

project location map



regional map



local map

sheet index

SHEET INDEX	
SHEET NUMBER	SHEET NAME
GENERAL	TITLE SHEET
T	
ARCHITECTURAL	
A011	DEMO SITE PLAN
A012	BORING PLAN
A100	ARCHITECTURAL SITE PLAN
A101	BUILDING FLOOR PLAN
A102	ROOF PLAN
A200	NORTH & SOUTH ELEVATIONS
A201	EAST & WEST ELEVATIONS
A300	SECTIONS

NO.	DATE	DESCRIPTION
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SET
90% DESIGN/BUILD SCOPE

BARRIENTOS DESIGN PROJECT
50854

DATE
3/30/2020

SHEET
TITLE SHEET

SHEET
T



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DAT
3/30/2020

SHEET
DEMO SITE PLAN

SHE

A011



1
A011
EXISTING CONDITIONS
1" = 40'-0"



1 BORING PLAN
A012 1" = 40'-0"



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DAT
3/30/2020

SHEET
BORING PLAN

SHE

NOT FOR CONSTRUCTION

A012



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3/30/2020

SHEET
ARCHITECTURAL SITE PLAN

S/E

NOT FOR CONSTRUCTION

A100





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SET
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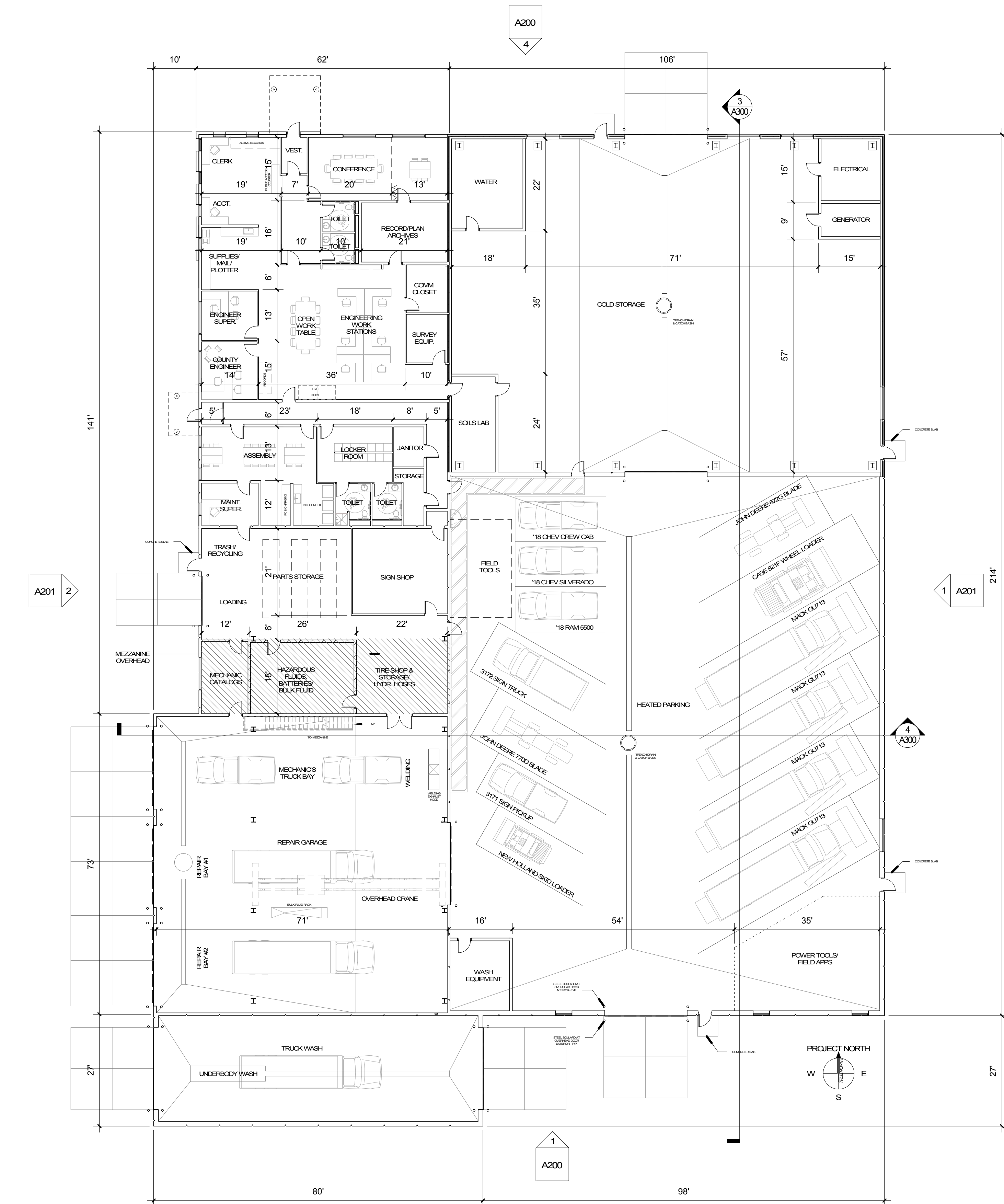
DATE
3/30/2020

SHEET
BUILDING FLOOR PLAN

SHEET

A101

1
A101
BUILDING FLOOR PLAN
1/16" = 1'-0"





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SET
90% DESIGN/BUILD SCOPE

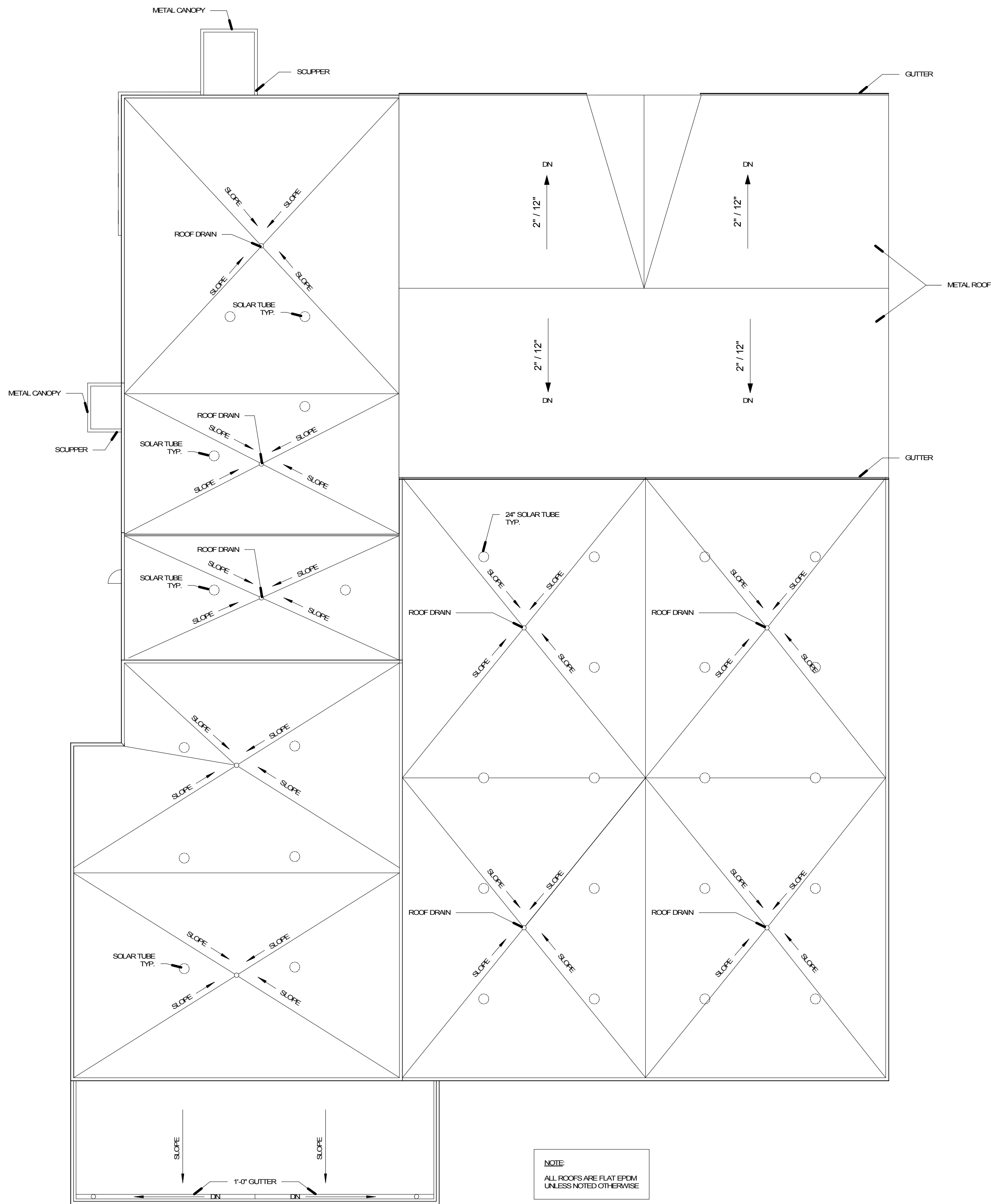
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50854

DATE
3/30/2020

SHEET
ROOF PLAN

SHEET

A102



1 ROOF PLAN
1/16" = 1'-0"



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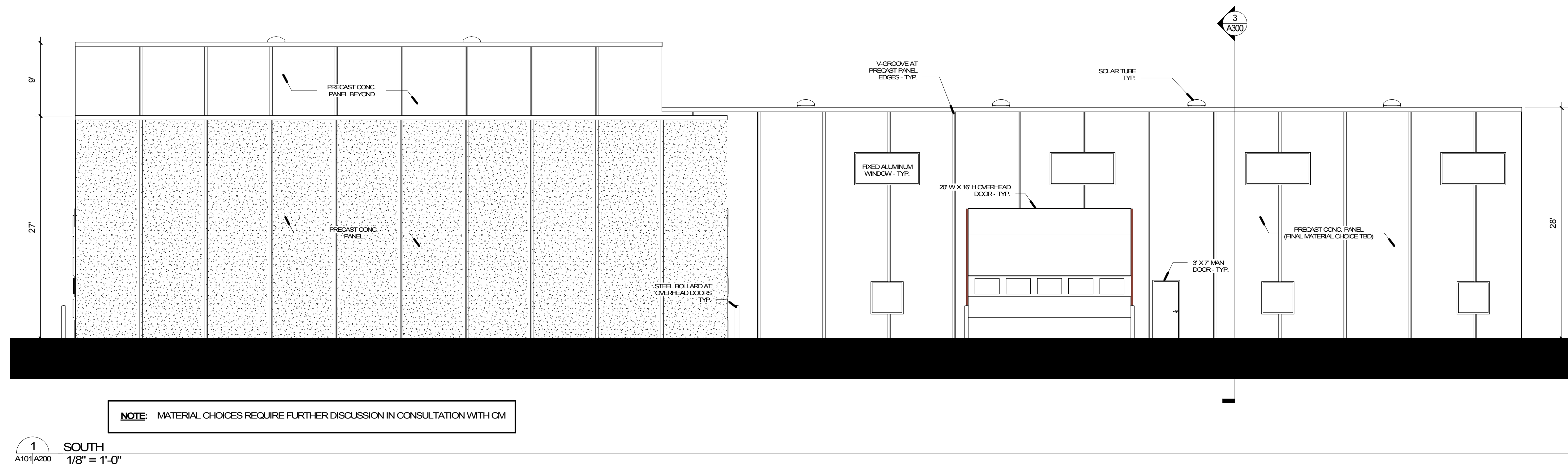
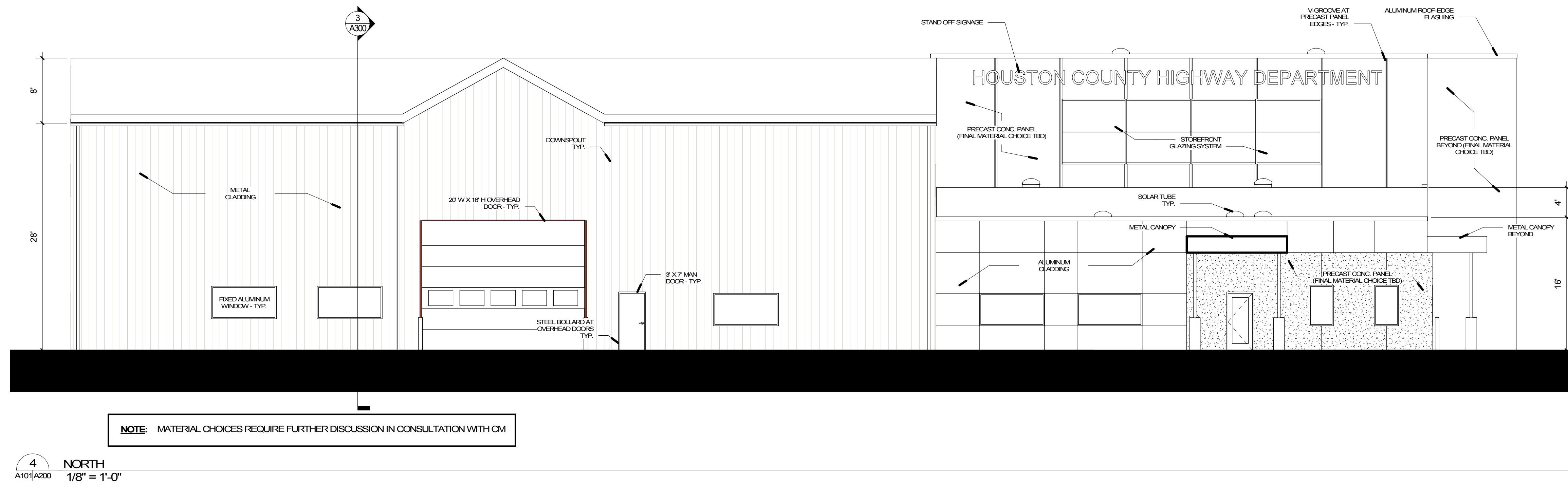
SET
90% DESIGN/BUILD SCOPE

BARRIENTOS DESIGN PROJECT
50854

DAT
3/30/2020

SHEET
NORTH & SOUTH
ELEVATIONS

SHEET
A200





BARRIERIOS
design & consulting

205 West Highland Avenue, Suite 303
Milwaukee, WI 53203
office: 414-271-1812
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CONSULTANT

PROJECT TITLE AND LOCATION

HOUSTON COUNTY HIGHWAY DEPT. FACILITY

1124 EAST WASHINGTON AVE.
CALEDONIA, MN 55921

NO
DATE DESCRIPTION

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SET
90% DESIGN/BUILD SCOPE

BARRIERIOS DESIGN PROJECT
50854

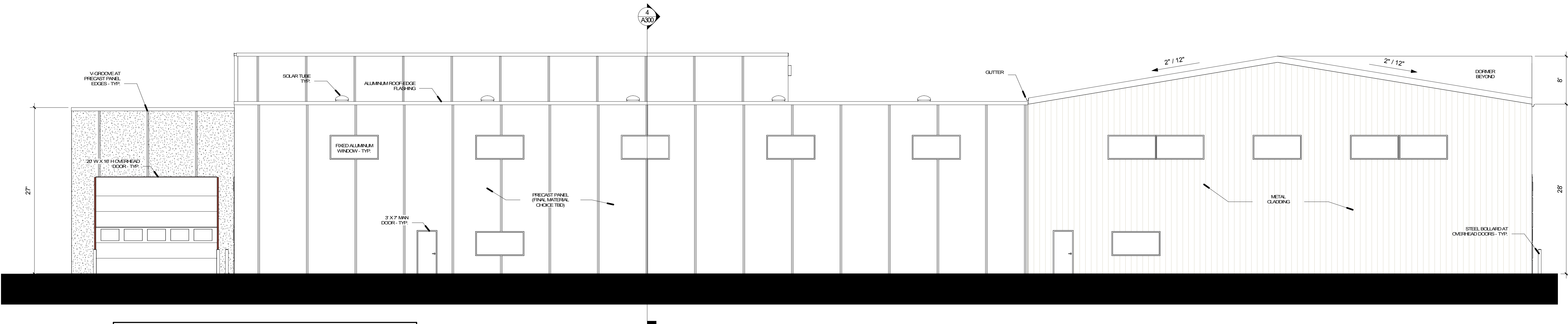
DAT
3/30/2020

SHEET
EAST & WEST ELEVATIONS

S/E

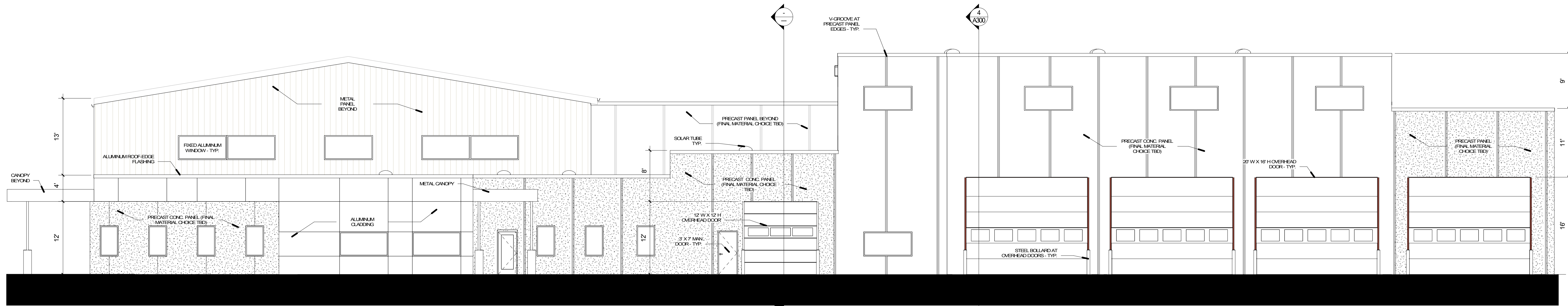
A201

NOT FOR CONSTRUCTION



NOTE: MATERIAL CHOICES REQUIRE FURTHER DISCUSSION IN CONSULTATION WITH CM

1
A101/A201
EAST
1/8\" = 1'-0"



NOTE: MATERIAL CHOICES REQUIRE FURTHER DISCUSSION IN CONSULTATION WITH CM

2
A101/A201
WEST
1/8\" = 1'-0"



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SET
90% DESIGN/BUILD SCOPE

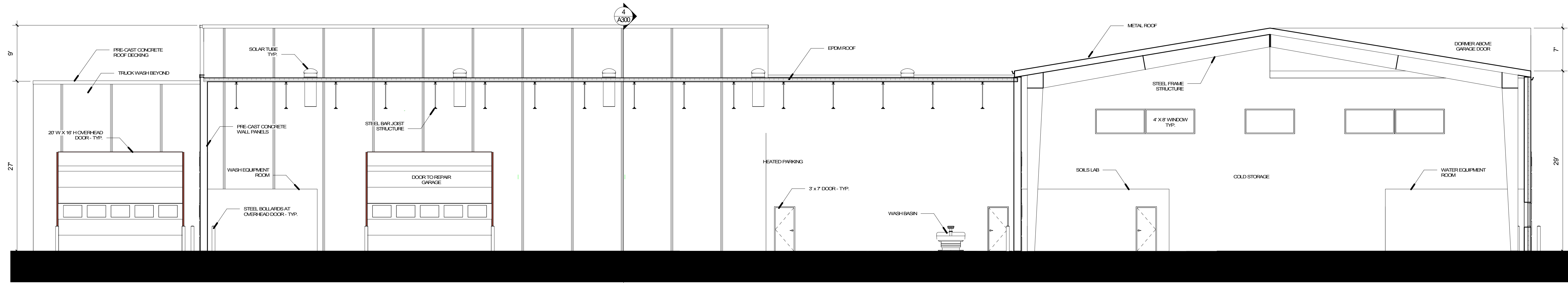
BARRIENTOS DESIGN PROJECT
50854

DAT
3/30/2020

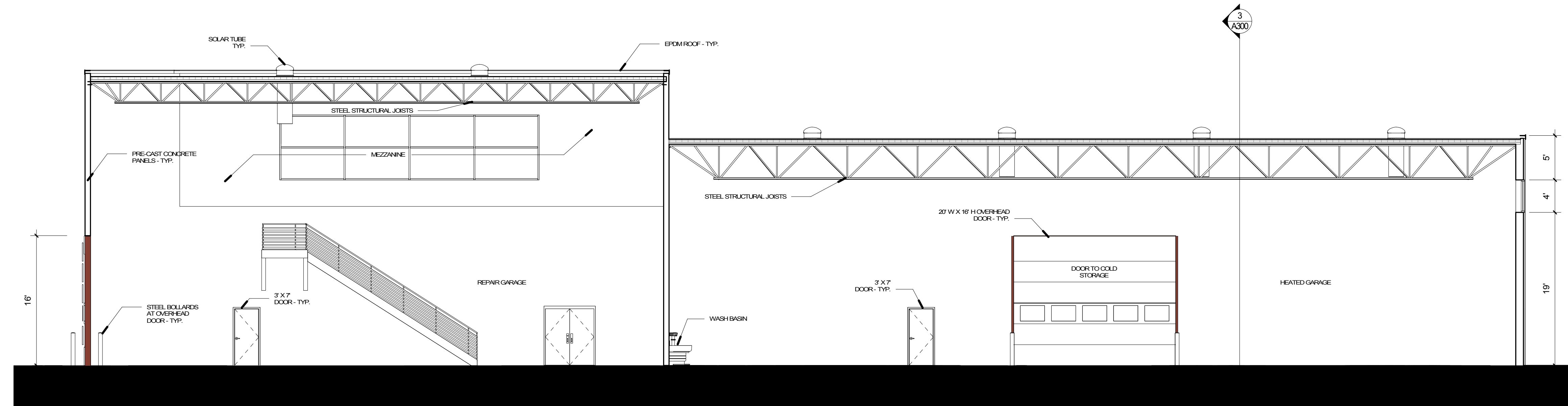
SHEET
SECTIONS

SHE

A300



3 SECTION 1
A101/A300 1/8" = 1'-0"



4 SECTION 2
A101/A300 1/8" = 1'-0"

NOT FOR CONSTRUCTION