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# Shoreland Amendment Checklist

**Instructions:** The DNR’s ordinance review process uses the model ordinance for evaluating compliance with the shoreland rules. Please email this completed checklist along with the proposed amendment (as a Word document) showing all proposed additions, deletions, and other modifications to your ordinance. For DNR conditional approval review, submit this checklist and your near final draft amendment at least 30 days before the public hearing at which the amendment will be considered.

**Email the completed checklist and ordinance amendment to** [ordinance.review.dnr@state.mn.us](mailto:ordinance.review.dnr@state.mn.us), and copy your [Area Hydrologist](http://files.dnr.state.mn.us/waters/dow_area_staff.pdf) (email addresses on 2nd page)**. Mailed documents cannot be accepted.**

Local Unit of Government: Ordinance Title:

Person completing checklist: Title of person completing checklist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

**Provide a brief explanation of the key issues you want the proposed ordinance amendment to address:**

**Briefly describe any proposed modifications from Key Protection Provisions.** For any proposed modifications to provisions identified as “[Key Protection Provisions](https://www.dnr.state.mn.us/waters/watermgmt_section/shoreland/provisions.html)” in the model ordinance (identified in the model with Black Bold text) that do NOT meet the minimum standards, explain why the modifications are needed and how you plan to offset them with other provisions that exceed the minimum standard.

## Directions for Completing Checklist Table:

1. In Column A, specify the location of each provision being modified, deleted or added in your proposed amendment. Please bold any provision that is a “Key Protection Provision.” These provisions are identified with **Black Bold** text in the model ordinance. Any proposal to weaken these provisions generally requires higher standards on other provisions unless the provisions are not applicable. See MR 6120.2800 Subd. 3 for more information.
2. In Column B, cite the location of the provision in the shoreland model ordinance.
3. In Column C, briefly explain why the provision is being modified, deleted or added.
4. **For amendments with no content change, such as recodifications or re-organizations, you DO NOT need to complete this table.**

| **Local Government to Complete** | | | **DNR Informal & Conditional Approval Review** | | | | | | **DNR Final Approval Review** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A.**  **Provisions being modified, deleted, or added.**  Local Government Ordinance Citation and brief description or title. | **B.**  **Shoreland Model Ordinance Citation** | **C.**  **Local Government Comments**  For each provision that has been modified, deleted, or added, briefly explain why. | **D.**  **DNR Determination of Compliance with Minimum Standards**  Place an “X” in the relevant column when determination made. Place a “?” in the relevant column for provisions that need clarification. When clarification received, delete the “?,” place an “X” in the relevant column. | | | | **E.**  **DNR Review Comments**   * If a proposed provision is missing, not applicable, or has been modified and is acceptable (marked with a “N/A” or “meets” in column D), briefly explain why in this column. * If a provision is marked “Below” in Column D, address as a “red” comment in the proposed amendment and place a “✓” in Column F. * If a provision marked “Below in Column D, is part of an implementation flexibility agreement, write “offset per term of implementation flexibility agreement” in this column and place a “✓” in Column F. * If a proposed provision is marked with a “Higher” in Column D, acknowledge as a higher standard as a “green” comment **in the proposed ordinance**, and explain why it is a higher standard in this column. | **F.**  **Conditions of Approval**  Place a “✓” for conditions of final approval. | **G.**  **Verification**  Place a “✓” for conditions that have been met. Only verify for items that have been “✓” in column F. |
| Meets | Below | Higher | N/A |  |  |  |
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To be filled out by DNR:

DNR Staff Reviewing for conditional approval: Date review finished:

DNR Staff Reviewing for final approval: Date review finished:

DNR Staff Reviewing for higher standards: Date review finished: