Job Description
Zoning and Building Official

Position Title: Zoning and Building Official **Date**: August 24, 2026
Department: Planning Department **FLSA Status**: Non-exempt

Primary Objective of Position

The Zoning and Building Official is appointed by the City Council and works under direct supervision and direction of the City Administrator. This individual performs professional and technical work to provide information to the public, outside agency representatives, and City staff in regard to laws, codes, ordinances, and requirements that apply to the construction and use of structures and land use. This position provides consultation related to zoning, building and engineering rules and procedures, and provides front-line customer service for the development process. This individual works independently with considerable latitude to make decisions when applying rules, regulations, policies, and procedures.

Essential Functions of the Position

Essential duties listed below are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them if the work is similar, related or logical to the position.

- Maintain an accurate understanding of the City's Comprehensive Plan, Ordinances, and Policies.
- Process applications and issue permits in accordance with City ordinances and State statutes.
- Coordinate permit review with appropriate commissions, consultants, and/or departments.
- Review and update application forms as needed.
- Facilitate Planning Commission and Board of Adjustment meetings.
- Provides administrative support to the Planning Commission and Board of Adjustment by: preparing notices of regular and special meetings of the Commission and/or Board through postings, publication, and the website, maintaining records, and completing directives of the Commission and Board.
- Make presentations to the City Council and other Commissions as appropriate.
- Complete Ordinance amendment drafts as necessary and prepare posting and publishing notices of ordinances as required.
- Work with City Council, staff, and community members to create and implement quality of life projects/improvements.
- Serve as primary recipient of citizen inquiries and/or complaints relating to ordinance compliance and respond to complaints in a timely manner.
- Exercise sound judgment and discretion in addressing and resolving issues and effectively interacting with the public in receiving and responding to complaints under sometimes difficult situations.
- Enforces compliance with ordinances through communication; on-site inspections; and orders the issuance of citations, where appropriate; may testify in court concerning inspection results.
- Document complaints and violations and subsequent investigations of complaints/violations in Caselle.
- Maintain office files and confidential materials.
- Maintain effective working relationships with other employees and the public.
- Regular, reliable attendance during scheduled work hours, at evening meetings, and outside regular hours as necessary.
- Adhere to safety rules and procedures, work rules, and city policies.
- Research, compile, and draft information for grant proposals.
- Provide necessary reporting for various grant awarding agencies.
- Develop relationships with relevant regional, state, and federal organizations

- Attend workshops and trainings relevant to the position.
- Performs other duties and responsibilities as apparent or assigned.

Examples of Performance Criteria

- Demonstrates ability to establish effective working relationships with elected officials, department heads, and city staff.
- Demonstrates ability to check documents for accuracy and completeness, meet deadlines, and maintain orderly and accessible records.
- Demonstrates ability to handle multiple demands from several sources and accomplish them in a timely and professional manner.
- Demonstrates ability to communicate effectively both orally and in writing with city staff, elected officials, and the public, including handling of complaints and concerns.
- Demonstrates ability to develop and implement effective policies and procedures consistent with city policies and state and federal laws.
- Demonstrates ability to plan, organize, and prioritize work.
- Demonstrates a positive attitude toward job assignments and tasks to be performed.
- Shows initiative in recommending methods to improve safety, efficiency, and quality on the job.

Minimum Qualification

- MN Certified Building Official, or ability to obtain within six months.
- Experience using a personal computer including expertise in standard office software.
- Valid driver's license.
- Experience with State and International Building Codes.

Desirable Qualifications

- Experience working in a municipal office.
- Experience with municipal zoning.
- Certification through Minnesota Pollution Control Agency as an Erosion and Stormwater Control Construction Installer.
- Certified Minnesota Wetland Professional.

Supervision of Others

May provide on-site direction to full-time employees, seasonal employees, or contract personnel.

Equipment/Job Location

The work environment characteristics described are representative of those an employee encounters while performing the essential functions of the job. Duties performed are typically in an office setting and outdoor environment subject to adverse weather conditions. Site inspections may require walking on uneven ground and climbing ladders.

Conditions of Employment

- Must comply with organizational and department policies.
- Must possess a valid driver's license.
- Must be a certified building official. (see minimum qualifications)

This position description does not constitute an employment agreement between the employer and the employee and is subject to change by the employer as the needs of the city and requirements of the job change.

The City of Rice Lake is an Equal Opportunity Employer in compliance with the Americans with Disabilities Act. It will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY EMPLOYER
CITY OF RICE LAKE

Date Received ___________

Application No.________

We welcome you as an applicant for employment. Your application will be considered for the position you specify. Qualified applicants are considered for positions without regard to race, color, creed, religion, national origin, affectional or sexual preference, marital status, disability, political affiliations, sex, age, or status with regard to public assistance.

TITLE OR KIND OF WORK APPLIED FOR	FULL TIME ❑ PART TIME ❑ TEMPORARY ❑ SEASONAL ❑	DATE AVAILABLE

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	
PRESENT PERMANENT ADDRESS	**CITY**	**STATE**	**ZIP CODE**
TELEPHONE NUMBER	**WORK TELEPHONE NUMBER**	**BEST TIME TO CALL**	
E-MAIL ADDRESS	**DRIVER'S LICENSE NUMBER**	**STATE**	

IMPORTANT NOTICE TO ALL APPLICANTS

Minnesota law requires that you be informed of the purpose and intended uses of the information you provide to the City of Rice Lake during the application process or during employment. Any information about yourself that you provide during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application, if you wish to be considered for employment. If you do not supply the information requested, it may mean that your application is not considered.

The City may provide the information to:
1. Persons authorized to have access to the information under state or federal law; and
2. Persons authorized by court order to have access to the information; and
3. Persons to whom you consent in writing to have access to the information.
   All individuals in the City who need to know the information will have access.

APPLICANT'S STATEMENT

I authorize and consent to having City representatives make inquiries about me if I am to be considered for employment. Former employers are authorized to give information about me in any form, oral or written. They are hereby released from all liability for issuing such information. I hereby knowingly waive any privileges, including protection under the Data Practices Act, that I have as to such information.

I understand that misrepresentation or omission of facts will be cause for cancellation or consideration for employment or dismissal if employed.

I understand that employment is, at minimum, conditioned upon physical exam, criminal background check, and driver's license check. The City may require drug and alcohol testing for all position finalists. A copy of the City's Drug and Alcohol Policy is available upon request from Personnel. I agree to these tests if I receive a conditional offer of employment.

I understand that this authorization may be revoked in writing by me at any time and in no event will it be valid for more than two years from the date below.

_____________________________ SIGNATURE

_______________________ DATE

VETERAN'S PREFERENCE

Are you a veteran? Yes ❑ No ❑

Are you claiming veteran's preference for this position? Yes ❑ No ❑
(Veteran's preference does not apply to Department Head Positions)

If you are claiming veteran's preference, please check the preference you are claiming:

_______ Veteran - defined as a person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty.

_______ Disabled veteran - a veteran having a compensable service connected disability.

_______ Spouse of a deceased veteran.

_______ Spouse of a disabled veteran who is unable to use the preference.

It is necessary for you to provide a copy of your form DD-214. Disabled veterans must also supply form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply a copy of their marriage certificate, the veteran's DD-214 and FL-802 or death certificate.

Your veteran's preference points cannot be considered without supporting documentation. If the documentation is not attached, it must be received by Personnel no later than 7 calendar days after the deadline date for the position.

Please list any skills acquired in the service which may apply to this position.

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City Hall Address: 4107 West Beyer Road Rice Lake, MN 55803 Phone Number: 218-721-3778 Fax Number: 218-721-3448	For office use only:

EDUCATIONAL INFORMATION

CIRCLE HIGHEST GRADE COMPLETED	Grade School	High School	College	Post Graduate
	1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16	1 2 MA PHD

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A GED?

NAME AND ADDRESS OF HIGH SCHOOL:

TYPE OF SCHOOL	**NAME & MAILING ADDRESS OF SCHOOL**	**MAJOR**	**DEGREE?**
College/ University			Yes ❑ No ❑
College/ University			Yes ❑ No ❑
Graduate			Yes ❑ No ❑
Technical			Yes ❑ No ❑
Technical			Yes ❑ No ❑
Other			Yes ❑ No ❑

LIST ANY CORRESPONDENCE COURSES, SPECIAL COURSES, SEMINARS, WORKSHOPS, TRAINING SESSIONS, LICENSES OR CERTIFICATES THAT MIGHT RELATE TO THE POSITION APPLIED FOR:

EMPLOYMENT INFORMATION

LIST A COMPLETE ACCOUNT OF YOUR WORK EXPERIENCE. GIVE YOUR PRESENT OR MOST RECENT EMPLOYMENT FIRST.

EMPLOYING FIRM:

ADDRESS:

YOUR TITLE:

SUPERVISOR: Phone #:

SPECIFIC DUTIES

REASON FOR SEEKING OTHER EMPLOYMENT:

LENGTH OF EMPLOYMENT

FROM: ________________________
Month Year

TO: ________________________
Month Year

TOTAL: _____ Years, ______ Months

HOURS PER WEEK: ______________

SALARY: ________________________

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES: ❑ NO: ❑

LIST A COMPLETE ACCOUNT OF YOUR WORK EXPERIENCE.
GIVE YOUR PRESENT OR MOST RECENT EMPLOYMENT FIRST.

EMPLOYING FIRM:

ADDRESS:

YOUR TITLE:

SUPERVISOR: Phone #:

SPECIFIC DUTIES

REASON FOR SEEKING OTHER EMPLOYMENT:

LENGTH OF EMPLOYMENT

FROM: ____________________
Month Year

TO: ____________________
Month Year

TOTAL: _____ Years, ______ Months

HOURS PER WEEK: ____________

SALARY: ____________________

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES: ❑ NO: ❑

EMPLOYING FIRM:

ADDRESS:

YOUR TITLE:

SUPERVISOR: Phone #:

SPECIFIC DUTIES

REASON FOR SEEKING OTHER EMPLOYMENT:

LENGTH OF EMPLOYMENT

FROM: ____________________
Month Year

TO: ____________________
Month Year

TOTAL: _____ Years, ______ Months

HOURS PER WEEK: ____________

SALARY: ____________________

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES: ❑ NO: ❑

UNSALARIED OR VOLUNTEER EXPERIENCE

LIST ANY OTHER SKILLS OR EXPERIENCE WHICH, IN YOUR OPINION, QUALIFIES YOU FOR THIS POSITION

Required Supplemental Application Form

Applicant Name: ______________________________

OFFICE STAFF

YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT.
Please note:
This supplemental form will be used to rank applicants, so please be complete and accurate in your responses.

1. Do you have a high school diploma or equivalent? *(choose one)* **YES** **NO**

2. Do you have at least two years of office support experience?
   (choose one) **YES** **NO**
   If yes, please explain your experience:
   Organization Describe Office Support Duties Performed Duration

3. Do you possess an associate degree in Accounting, Business, Marketing or a related field?
   (choose one) **YES** **NO**
   If yes, please describe below:
   Organization Degree

4. Do you have any paid experience in utility billing?
   (choose one) **YES** **NO**
   If yes, please detail below your utility billing experience.
   Organization Duties Performed Duration

5. Please list your experience with the following computer software programs and your proficiency with each program. Please list and rank any additional program experience. Please rank all programs 1 to 5, with 1 being lowest proficiency to 5 being highest proficiency.

   a. Word Proficiency _______________

   b. Excel Proficiency _______________

   c. Quick Books Proficiency _______________

   d. List other software in which you are proficient: Proficiency _______________

6. Have you taken any specialized course work or training in general office/admin support, elections, utility billing, and/or planning and zoning?
   (choose one) **YES** **NO**
   If yes, please detail below your course work or training.
   Course work or training Completed when?

7. Do you possess any Municipal Clerk designations?
   (choose one) **YES** **NO**
   If yes, please list your certification(s) below:
   Organization Certification

8. Do you have paid experience working with elections?
   (choose one) **YES** **NO**
   If yes, please explain your election experience below:
   Organization Describe Election Duties Performed Duration

9. Do you have any zoning or planning work experience?
   (choose one) **YES** **NO**
   If yes, please detail below your accounting experience and software used.
   Organization Duties Performed & Software Used Duration

10. Do you have any experience in records management and Data Practices?
    (choose one) **YES** **NO**
    If yes, please detail below your records management and data practices experience and software used.
    Organization Duties Performed Duration

12. What do you think is the key to providing quality customer service?

    Describe how you have demonstrated this in your past work history.

13. Other qualifications:

Summarize special job-related skills and qualifications acquired from employment, education or other experience.

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I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

I further understand that if offered a position, I must submit to and pass a controlled substance screen and will be required to submit to and pass a criminal background check, and employment reference checks.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant's signature: ____

Date: __________________________