



320 SOUTH OAK STREET
SAUK CENTRE, MN 56378
PH: (320) 352-2203 FAX: (320) 352-0121

Office Use Only

LUR Number

Application Fee Paid

Date Received

LOT SPLIT APPLICATION

Please Type or Print Neatly. Attach additional sheets if necessary.

Name of Applicant _____

Address _____

City, State, Zip _____

Phone _____ Alternate Phone _____

Email Address _____

* Physical Address/Location of Property _____

1. Legal Description of Property: (Please Attach Metes & Bounds Description)

2. Parcel ID Number _____ Zoning District _____

Applicant is:

- Legal Owner of Property
- Contract Buyer
- Option Holder
- Agent
- Other

Title Holder of Property (if different than applicant):

Name _____

Address _____

City, State, Zip _____

3. Nature of request:

- Metes and Bounds Subdivision (Includes Lot Splits and Lot Line Adjustments)

4. Briefly describe your proposal:

5. The Planning Commission will review or take action on this request on ____/____/____.
(Applicant or authorized agent must be present at the Planning Commission Meeting).

The City Council will review or take action on this request on ____/____/____.

- 6. Surveyor Name: _____
- 7. Surveyor Address: _____
- 8. Surveyor Phone: _____
- 9. Surveyor Email Address: _____

- 1. This application must be completed, including responses to all parts of this application.
- 2. The required fee must be paid. See Fee Schedule for details.
- 3. Certificate of Survey with the following information, as a minimum unless waived by the Zoning Administrator.

- Legal description of the property and site address
- Lot dimensions
- North Point and Graphic Scale
- All adjacent streets, easements and alleys
- Location of all buildings, structures, driveways, sidewalks, trails, parking stalls and curbing
- Identification of all setback dimensions from property lines
- Location of all existing and proposed utilities and easements
- _____ Delineations of any shoreland, flood plain or wetland areas on the site
- _____ Identification of any flood plain or wetland encroachments and detailed mitigation plans
- _____ Plans shall be dated and shall bear the name(s) of the preparer(s), including professional registrations or certifications.

I hereby certify that I have read and examined this application and supporting documents and know the same to be true and correct. I have identified all property boundaries, easements, flood zones and or/wetlands existing on the property on by site plan(s) and application. The undersigned further agrees that the City and its' Administrative Staff relied on the accurateness of the application, plans and specifications relative to this request and hold the City harmless from all liability arising from granting of a permit.

Signature of Applicant

_____/_____/_____
Date