

**DOVRE TOWNSHIP
KANDIYOHI COUNTY, MINNESOTA**

APPLICATION FOR SUBDIVISION/PLATTING

For Township Use Only

Case Number _____
Date Received _____
Amount of Application Fee Paid _____
Date Application Deemed Complete _____
Public Hearing Date _____

Please return completed application form and required documentation to:

Non-refundable application fee: \$_____.00 (\$_____00 Plat). Consultant review escrow: \$_____00 (Verify amount with Clerk). Note: permit/approval is subject to land ownership.

Please Print or Type All Information

Applicant: _____

Home Phone: _____ Work/Cell phone: _____

Address: _____

Site Address (If different): _____

Property Owner: (If different from applicant) _____

Platted Property Description: Lot _____, Block _____, Addition _____

-or-

Metes and Bounds Property Description: Section _____, Township _____, Range _____

Parcel Identification Number (On Tax Statement): _____

Present Use of Site: _____

Please check the type of application requested:

___ Subdivision of land

___ Plat

Please describe the nature of your request: _____

Please attach seven (7) copies of detailed site plans, aerial photographs, building plans, and other supporting documentation necessary to complete the application.

PLEASE READ

I hereby apply for the above consideration and declare that the information and materials submitted with this application are in compliance with the Township's ordinances and are complete and accurate to the best of my knowledge.

*I agree to pay all **NON REFUNDABLE** application fees in advance and, if required by the Township Clerk, I agree to post an escrow with the Township as required by Township ordinance to fund expenses incurred by the Township in processing this request. I understand and agree that all Township-incurred professional fees and expenses associated with the processing of this request are the responsibility of the property owner and shall be promptly paid by the property owner upon billing by the Township in the event the escrow fund is depleted. If payment of the Township-incurred expenses is not received from the property owner within 10 days of billing, the property owner acknowledges and agrees to be responsible for the unpaid fee balance either by direct payment or certification of such costs against the Owner's property via Minn. Stat. § 366.012.*

PLEASE NOTE THAT THIS APPLICATION MUST BE SIGNED BY THE APPLICANT AND 100% OF THE PROPERTY OWNERS OF THE PROPERTY SUBJECT TO THE APPLICATION.

Applicant Signature: _____

Owner(s) Signature: (If different from applicant) _____

