

Lynden Township Preliminary Plat Application

Date: _____

1. Name of Subdivision: _____

2. Name of Applicant: _____ Phone: _____

Address: _____
(Street no. and name) (City) (State) (Zip)

3. Owner of Record: _____ Phone: _____

Address: _____
(Street no. and name) (City) (State) (Zip)

4. Land Surveyor: _____ Phone: _____

Address: _____
(Street no. and name) (City) (State) (Zip)

5. Engineer: _____ Phone: _____

Address: _____
(Street no. and name) (City) (State) (Zip)

6. Subdivision Location: _____
(Direction) (Street)

7. Postal Delivery Area: _____ School District: _____

8. Total Acreage: _____ Zone: _____ Proposed Number of Lots: _____

9. Date of sketch plan approval: _____

10. Have any changes been made since the sketch plan was last before the Board: _____

If so, describe: _____

(Attach additional sheets as necessary.)

11. Name of the person you met with at Stearns County Environmental Services: _____ Date of Meeting: _____

12. List all contiguous parcels of land under same ownership and/or with an ownership interest:

Section(s): _____

Lot(s): _____

13. Attach ten (10) copies of proposed preliminary plat.

I, _____, hereby state that all of the above statements and the statements contained in the papers submitted herewith are true, and I agree to pay for all costs incurred in the subdivision of this land, including township engineering, legal, planning, and meeting costs. (Sign on next line.)

Township Approval

Mailing Address: _____

(Street)

(City)

(State)

(Zip)

Supervisor Authorized Signature Date