

KOOCHICHING COUNTY LAND DIVISION APPLICATION

Office use only	Application date:
Parcel ID#:	Application number:

APPLICANT (DEVELOPER)

Applicant name:		
Business name:		
Mailing address:		
City:	State:	ZIP code:
Phone:	Cell:	
Fax:	E-mail:	

OWNER INFORMATION

Owner name:		
Owner address:		
City:	State:	ZIP code:
Phone:	Cell:	
I am the owner:	I have permission from the owner to submit this application:	
Signature:		Date:

COUNTY CONTACT INFORMATION

Environmental Service Department 715 Fourth Street International Falls, MN 56649 (218) 283-1157 (218) 283-1159 (fax) whitney.sims@co.koochiching.mn.us Office hours: Monday – Friday, 8:00 a.m. to 4:30 p.m.

Note: Incomplete applications will be returned

PARCEL INFORMATION

Original Parcel

Original parcel ID#:

Is this property enrolled in the SFIA program? Yes No

Original acreage or square footage of this parcel:

Original width of this parcel:

Section:

Township:

Range:

Original legal description from the last recorded conveyance:
(attach additional sheets if necessary)

Number of parcels that will result of division:

Use attached site plan to identify any existing structures

Proposed New Parcel #1

Proposed parcel acreage or square footage:

Proposed width:

Section:

Township:

Range:

Proposed legal description (attach additional sheets if necessary):

Land only

Land with structures

What type of structures are included (Use attached site plan to identify any existing structures)?

Note: Incomplete applications will be returned

Proposed New Parcel #2		
Proposed parcel acreage or square footage:		
Proposed width:		
Section:	Township:	Range:
Proposed legal description (attach additional sheets if necessary):		
Land only		Land with structures
What type of structures are included (Use attached site plan to identify any existing structures)?		
Proposed New Parcel #3 (if parcels are more than five (5) acres each)		
Proposed parcel acreage or square footage:		
Proposed width:		
Section:	Township:	Range:
Proposed legal description (attach additional sheets if necessary):		
Land only		Land with structures
What type of structures are included (Use attached site plan to identify any existing structures)?		

Note: Incomplete applications will be returned

Highway			
Nearest public road:			
Feet of road frontage:			
Property access:	Frontage: Public road/publicly maintained road Frontage: Public road/privately maintained road Private road/privately maintained road **	Easement Other	
**If you choose a private road, are easements given to affected property owners?		Yes	No
Access: Do you have approval to access state or county road?			
	Yes	No	Pending Not applicable
Roads will be built according to county standards on file in the County Engineer's office:			Yes No
E911 Address			
<i>Please note that a parcel division may result in a change in the current E911 address or the need to apply for additional E911 addresses</i>			
Is there an existing E911 address assigned?	Yes	No	
If yes, what is it?			
Will you be applying for an E911 address for the newly created parcel(s)?			Yes No
If yes, please obtain an E911 address application from the IS Department or use this link: E911 Address Application and Instructions			

Note: Incomplete applications will be returned

SITE PLAN

Must include the following information (if applicable):

- North arrow
- Original and proposed roads
- Original and proposed property lines
- All buildings, original and proposed, with distances to all property lines
- Proposed building(s) with dimensions and distances to property lines
- Distance from proposed building(s) to well
- Distance from proposed building(s) to septic system
- Any natural feature(s) having an influence on the variance

Office Use Only

Zoning

Parcel is in a city or village: Yes No

Parcel Zoning District(s):

Required acreage (or square footage) of each parcel:

Required width of each parcel:

Name of lake or river (if applicable):

DNR shoreland classification of waterbody:

Reviewer's signature:

Date:

Comments:

Surveyor

Reviewer's signature:

Date:

Comments:

Engineer

Reviewer's signature:

Date:

Comments:

Assessor

Photos: Yes No Sketch: Yes No Physical Address: Yes No

Reviewer's signature:

Date:

Comments:

E911/GIS Services

Reviewer's signature:

Date:

Comments:

Recorder

Reviewer's signature:

Date:

Comments:

Auditor/Treasurer

Delinquent taxes? Yes No Current taxes paid in full? Yes No

Green Acre parcel? Yes No *If yes, Green Acre deferred tax must be paid before division

Green Acre payback due: \$

Approval signature:

Date:

Comments: