Traverse County
Land Management Ofc.
1700 3rd Ave. S. Rm 205
Wheaton, MN 56296

TRAVERSE COUNTY CONDITIONAL USE PERMIT APPLICATION FORM

Application #:	
Parcel #:	
Date Received:	
Fee Paid: $	Date:

Revised 8/15/08

Owner's Name:				**Please attach a map and a site sketch.**	
Authorized Agent (if applicable):				**(Statement of Authorization Required)**	
Owner's Address (Street, City, State, Zip Code):					
Property Address (if different):					
Day Phone:	Evening Phone:	Mobile Phone:			
Legal Description (Lot(s) and Block Numbers)	Section	Township	Range	Qtr./Qtr.	Govt. Lot #
Township Name	Email Address:				

General Description of This Project (Also Attach a Land Use Permit Application):

Applicant or Agent Signature _____ Date _____

I hereby certify that all information above is true and correct to the best of my knowledge. I agree to complete the proposed work in accordance with the description within this application, any addendum forms, plans, specifications, and all other supporting data as described. **This permit will expire one year from the date of approval unless otherwise noted through an extension by a County Official prior to expiration.**

Traverse County
Planning and Zoning
P.O. Box 802
Wheaton, MN 56296

TRAVERSE COUNTY CONDITIONAL USE PERMIT APPLICATION FORM

Appliation #:

Name:

Permit Conditions:

(Shaded Areas for Office Use Only)

Action by the Traverse County Board of Commissioners

This Conditional Use Permit is hereby (____) Approved (____) Denied this _____ day of _____, 20_____.

Signature of Board Chair _____

Attest _____