

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

## TRAVERSE COUNTY AG LAND USE APPLICATION FORM

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

Revised 6/8/2009

Property Owner's Name: \_\_\_\_\_ **Please attach a map and a site sketch.**

Owner's Address (Street, City, State, Zip Code): \_\_\_\_\_

Property Address (If Different): \_\_\_\_\_

Authorized Agent (If Applicable): \_\_\_\_\_ **(Statement of Authorization Required.)**

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Legal Description (Lot(s) and Block Numbers)	Section	Township	Range	Qtr./Qtr.	Govt. Lot #
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Type of Project	Proposed Use	Water Supply
<input type="checkbox"/> New Construction	<input type="checkbox"/> Single Family Residential	<input type="checkbox"/> Public
<input type="checkbox"/> Addition	<input type="checkbox"/> Multiple Family Residential	<input type="checkbox"/> Community Well
<input type="checkbox"/> Relocation	Units: _____	<input type="checkbox"/> Private Well
<input type="checkbox"/> Repair	<input type="checkbox"/> Agricultural	<b>Sewage Treatment</b>
<input type="checkbox"/> Roofing	<input type="checkbox"/> Commercial	<input type="checkbox"/> Public
<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Industrial	<input type="checkbox"/> Community
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Individual _____

Structure Type	Construction	Dimensions	Heating
<input type="checkbox"/> Residence	<input type="checkbox"/> Wood Frame	Length _____	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Garage	<input type="checkbox"/> Steel/Metal	Width _____	<input type="checkbox"/> Electric
<input type="checkbox"/> Agricultural Building	<input type="checkbox"/> Masonry	Height _____	<input type="checkbox"/> Fuel Oil
<input type="checkbox"/> Storage	<input type="checkbox"/> Pole Building	Total ft <sup>2</sup> _____	<input type="checkbox"/> Wood
<input type="checkbox"/> Boathouse	<input type="checkbox"/> Pre-Fabricated	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other _____
<input type="checkbox"/> Deck	<input type="checkbox"/> Other _____	Stories above ground _____	<b>Project Cost Estimate</b>
<input type="checkbox"/> Office		Bedrooms _____	Materials \$ _____
<input type="checkbox"/> Garage with Sleeping Quarters	Proposed Starting	Baths _____	Labor \$ _____
<input type="checkbox"/> Other _____	Date _____	Other _____	Total \$ _____

Lot Characteristics
Building Setback from Street/Road _____ ft. <b>OR</b> Setback from State Highway _____ ft.
Distance from Building to Septic Tank _____ ft.; to Drain Field _____ ft.; to Well _____ ft.

Owner 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.

APPLICATION IS HEREBY  DENIED (SEE FINDINGS)  APPROVED (PERMIT GRANTED)

BY ORDER OF: \_\_\_\_\_ Traverse County Official, Dated: \_\_\_\_\_

This permit will expire one year from the date of approval unless otherwise noted through an extension by the above authority.