

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

TRAVERSE COUNTY LAND USE APPLICATION FORM

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

Revised 8/15/2008

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: _____
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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	Sewage Treatment
<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 ² _____	<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 _____	Project Cost Estimate
<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.; Setback from State Highway _____ ft.
 Distance from Building to Septic Tank _____ ft.; to Drain Field _____ ft.
 Water Frontage _____ ft. Land Height Above OHWM at Building Line _____ ft.
 Width of Side Yards are _____ ft. and _____ ft.; Rear Yard is _____ ft.
 Total Lot Area _____ ft.² Building Setback from Ordinary High Water Mark (OHWM) _____

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.