

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

TRAVERSE COUNTY SPECIAL USE PERMIT APPLICATION

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

Revised 8/15/08

Owner's Name:	Authorized Agent (If Applicable):	Statement of Authorization Required			
Owners'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	Applicant Email Address:				
Please attach a map and a site sketch. Attach any other plans, designs, or data as necessary.					
Proposed Use of Land and Description of Work to be Done (Attach Additional Pages as Necessary):					

By signing this application, I understand that I am responsible to ensure that all other applicable permits have been approved before the commencement of construction. I understand that this special use permit does not give me the right to deviate from the ordinance for the management of shoreland areas in Traverse County. Also, I certify that the information above is true and accurate to the best of my knowledge.

Owner or Agent Signature _____ Date _____

This permit will expire one year from the date of approval unless otherwise noted through an extension by the County Official prior to expiration.

Traverse County Official: _____ Date Issued: _____

Date of Site Visit: _____

Approval by: ___ Traverse County Official _____ Date _____

 ___ Board of Adjustment _____ Date _____

 ___ Both _____ Date _____

Filing Acknowledgement: _____

Findings/Comments/Conditions:

(Shaded Areas - For Office Use Only)