

Received on: \_\_\_\_\_  
Fee: \$200.00 plus \$10.00 per lot

**APPLICATION FOR PLATTED SUBDIVISION**

Clay County Planning & Zoning  
807 11<sup>th</sup> Street N, Moorhead, MN 56560  
Ph: 218-299-5002 / Fax: 218-299-5185

Owner/Developer: \_\_\_\_\_ Phone - Work: \_\_\_\_\_

Box/Street Address: \_\_\_\_\_ Home: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Surveyor or Engineer: \_\_\_\_\_

Location of Property: Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Quarter: \_\_\_\_\_

Tax Parcel ID# (parent parcel) \_ \_ . \_ \_ \_ . \_ \_ \_ \_

Will the lot be located within 1000 feet of a lake or 300 feet of a river/stream? \_\_\_\_\_

If yes, list name of lake, river, or stream: \_\_\_\_\_

Number of lots intended: \_\_\_\_\_ Approximate size of lots (in acres) \_\_\_\_\_

Intended use of lots: \_\_\_\_\_

Source of water supply: \_\_\_\_\_ Method of sewage: \_\_\_\_\_

Are there to be restricted covenants?: \_\_\_\_\_ If yes, attach a copy

Is there a zoning change contemplated?: \_\_\_\_\_ If yes, describe the proposed change and area to be affected.

\_\_\_\_\_

Information requested by Zoning Administrator: Plat drawing in accordance with MN Statute

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office Use Only**

**Planning Commission**

Fee paid: \_\_\_\_\_ Date paid: \_\_\_\_\_ Hearing date: \_\_\_\_\_

Preliminary approval is:  Granted:  
 Granted subject to the following conditions:  
 Denied for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

x \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Chairperson, Clay County Planning Commission

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**Board of Commissioners**

Meeting date: \_\_\_\_\_

Final approval is:  Granted:  
 Denied for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

x \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Chairperson, Clay County Board of Commissioners