

P.I.D. # \_\_\_\_\_

File #: \_\_\_\_\_

**CITY OF PARK RAPIDS**  
**LAND DIVISION REQUEST**

Fee: \$25

Date Paid: \_\_\_\_\_

Required Attachments	
	Letter explaining request and any unique circumstances
	1 Copy of current deed with legal description
	1 Copy of deeds to be recorded showing proposed legal descriptions and proposed easements
	2 Copies of Certificate of Survey
	1 Digital Copy of Certificate of Survey

**Property Owner (Listed on Deed):** \_\_\_\_\_

**Phone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Email)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Existing Zoning of property to be divided:**

\_\_\_\_\_

**Describe the planned uses of each lot created?**

<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

\_\_\_\_\_  
**Signature of Property Owner**

\_\_\_\_\_  
**Date**

By signing below, the Zoning Administrator has determined that the Land Division meets all applicable zoning ordinance requirements.

\_\_\_\_\_  
**Signature of Zoning Administrator**

\_\_\_\_\_  
**Date**

*Property owner is responsible for:  
providing a copy of the Certificate of Survey  
to the Hubbard County Auditor's Office and to the Hubbard County Land Survey  
Department at 101 Crocus Hill Street, Park Rapids, MN.*

**This application expires 60 days from the date of issuance.**

\*\*\*\*\*

**For Office Use Only**

1. Are there current outstanding assessments or other charges against the property? \_\_\_\_\_ Balance due: \$ \_\_\_\_\_  
How will outstanding assessments be apportioned? \_\_\_\_\_

*(If a change is necessary to the original assessment agreement, Council action is required to amend the assessment agreement and the Land Division request will be considered after Council action.)*