

P.I.D. # _____

CITY OF PARK RAPIDS
LAND DIVISION REQUEST

Fee: \$25

File #: _____

Date Paid: _____

A Certificate of Survey of land division showing existing and proposed parcels must be attached to this form.

Name: _____ Phone: (Home) _____ (Work) _____

Address: _____ City _____ State _____ Zip _____

Existing legal description of property to be divided: (Attach additional sheet if necessary).

Legal description of lots to be created: (Attach additional sheet if necessary).

Planned use of remaining property?

Signature of Applicant

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.

Be sure your deed is submitted with this application for recording at Hubbard County.

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.)