

Date submitted: _____
Date of requested Preliminary hearing: _____

PLATTING PERMIT APPLICATION

2. NAME of APPLICANT(s): _____
ADDRESS: _____
2nd ADDRESS: _____
PHONE (w) _____ (h) _____
Cell _____ FAX _____
PARCEL(s)#'s: _____

PROPOSED PLAT NAME: _____

Lakeshore: yes Body of Water and classification _____
 no

Acreage: _____ Number of Proposed Lots: _____

Township: _____ Copy of Deed: _____

Road Agreement: _____ Township letter of review/approval: _____

Title Opinion: Legal Description: _____

OR

Title Insurance:

3. The survey must include as follows:
- a.) Surface water features as required by Minnesota Statutes Section 505.02, Subd. 1 AND regulated wetlands, features and boundaries, to be shown on the preliminary plat obtained from the United States Geological Survey quadrangle topographic maps and National Wetland Inventory.
 - b.) Soils, classifications and hydric soils listed from Beltrami County Soils Survey properly identified and located on survey.
 - c.) Topographic elevation contours taken from the U.S. Geographical mapping.
 - d.) All regulated wetlands on the proposed plat shall be identified with a wetland delineation, and the boundaries shown on preliminary plat.
3. The following survey attachments must be included with the platting permit application:
- a.) Thirty (30) 22 x 36 copies of the completed plat survey.
 - b.) one 8 1/2 x 11 copy
 - c.) one electronic copy. Can be e-mailed to GIS Dept: kevin.trappe@co.beltrami.mn.us

4. Completed Beltrami County Environmental Questionnaire.
5. Minnesota Pollution Control Agency General Stormwater Permit for Construction Activity required when disturbing more than one (1) acre of land.
<http://www.pca.state.mn.us/water/stormwater/stormwater-c.html>
6. Aerial Photo of proposed plat (scale: four inches=one mile) and description of vegetation.
 - All plats must follow Minnesota Statutes 505 PLATS; COORDINATES; SURVEYS
 - Beltrami County reserves the right to request additional information as needed.

Beltrami County Environmental Services Department Use only

Check # _____

Receipt # _____

Preliminary Hearing Date: _____

Comments:

Stipulations:

Preliminary hearing APPROVED: YES NO

Final Hearing Date: _____

Comments:

Stipulations:

Final hearing APPROVED: YES NO

Recording Date: _____

Recording

Fee collected: _____