

Major Preliminary Plat Application

LYNDEN TOWNSHIP, STEARNS COUNTY, MINNESOTA

21367 County Road 44, Clearwater, MN 55320

Telephone 320-774-8507 | Web: www.lyndentownship.net | Email: clerk@lyndentownship.net

Date: _____ Primary Email: _____

Original Parcel ID #(s): _____

Name of Subdivision: _____

Subdivision Location: _____
(Direction) (Street)

Name of Applicant(s): _____ Phone: _____

Address: _____
(Street no. and name) (City) (State) (Zip)

Owner(s) of Record: _____ Phone: _____

Address: _____
(Street no. and name) (City) (State) (Zip)

Land Surveying Company: _____

Address: _____
(Street no. and name) (City) (State) (Zip)

Contact Name: _____ Phone: _____

Engineering Firm: _____

Address: _____
(Street no. and name) (City) (State) (Zip)

Contact Name: _____ Phone: _____

Total Acreage: _____ Zoning District: _____ Proposed Number of Lots: _____

List all contiguous parcels of land under same ownership and/or with an ownership interest:

Parcel ID #(s): _____

Include ten (10) copies of proposed preliminary plat.

I, _____, hereby state that all of the above information and the statements contained in the papers submitted herewith are true, and I agree to pay for **all** costs incurred in the subdivision of this land, including township engineering, legal, planning, and meeting costs. (Sign on next line.)

Signature of Owner/Applicant

Date

For Township Use Only

Application Received

Date of Informational Meeting

Township Authorized Signature

Date