

Planning and Zoning Department

<u>Plat Application</u>				Page 1
Applicant(s):				
Name(s)				
Address				
City		State	Zip	
Cell #	Email			
Property Owner(s)/Fee Own	er(s), if differe	nt from abo	ve:	
Name(s)				
Address				
City		State	Zip	
Cell #	Email			
Parcel Information:				
Property ID#(s):		Exi	sting Parcel Size:	
Complete Legal Description:				
		Prop	osed # of Lots:	
Proposed Name of Subdivision:				
Present Zoning:	Proposed Zoning:			

Base Application Fee: \$150

Per Additional Lot: \$25	
I hereby authorize Grand Forks County Planning sapplication to gather information pertinent to this	Staff to enter upon property subject to this
Signature(s) of Applicant(s):	Date:
	Date:
Signature(s) of Owner(s):	Date:
	Data

The Planning and Zoning Commission is scheduled to meet on the second Tuesday of each month. Contact the Planning and Zoning Office for confirmation. Information must be returned 3 weeks prior to the meeting date in order to be on the agenda.

The Planning and Zoning Commission meets at 7:30 P.M. in the Commission chamber on the six floor of the County Office Building located at 151 South 4th Street in the City of Grand Forks.