



Land Use Map Amendment Application
 Planning and Zoning Department
 37028 County Rd 66, Crosslake, MN 56442
 218.692.2689 (Phone) 218.692.2687 (Fax) www.cityofcrosslake.org

Receipt Number: _____ Permit Number: _____

Property Owner(s): _____

Mailing Address: _____

Site Address: _____

Phone Number: _____

E-Mail Address: _____

Parcel Number(s): _____

Legal Description: _____

Sec _____ Twp 137 Rge 26 / 27 / 28

Land Involved: Width: _____ Length: _____ Acres: _____

Lake/River Name: _____

Do you own land adjacent to this parcel(s)? ___ Yes ___ No

If yes, list Parcel Number(s) _____

Authorized Agent: _____

Agent Address: _____

Agent Phone Number: _____

<p><u>Land Use Map Amendment</u></p> <p>_____ Current Land Use District</p> <p>_____ Proposed Land Use District</p>
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<p><u>Access</u></p> <p>_____ Public Road</p> <p>_____ Easement</p> <p>Easement recorded: ___ Yes ___ No</p>

<p><u>Septic</u></p> <p>Compliance _____</p> <p>SSTS Design _____</p> <p>Installation _____</p>
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Signature of Property Owner(s) _____ Date _____

Signature of Authorized Agent(s) _____ Date _____

- All applications must be accompanied by a site plan
- Fee \$500 Payable to "City of Crosslake"
- No decisions were made on an applicant's request at the DRT meeting. Submittal of an application after DRT does not constitute approval. Approval or denial of applications is determined by the Planning Commission/Board of Adjustment at a public meeting as per Minnesota Statute 462 and the City of Crosslake Land Use Ordinance.

For Office Use:

Application accepted by _____ Date _____ Land Use District _____ Lake Class _____



LAND USE MAP AMENDMENT CHECK LIST

Applicant: _____ Date: _____

Property Owner(s): _____

Property Address: _____

- Parcel number(s) correct
- Legal description correct on application
- Current Septic Compliance or Certificate of Installation on file
- Application signed and dated
- Authorized Agent form completed and signed (if required)
- Copy of easement for ingress/egress (if required)

Site Plan Check List:

- Lot dimensions
- Acres identified
- Lake or river name shown
- Name of road for ingress/egress
- Location of septic and well
- North arrow

Received by _____ Date _____



Development Review Team (DRT)
Meeting Application

Meeting Date _____

Property Owner(s) _____ Phone Number _____

Property Address _____

Mailing Address _____

E-Mail _____ Application Date _____

Representative(s) _____ Phone Number _____

E-Mail _____ Signature _____

Parcel Number(s) _____

Section ____ Township 137 Range 26 / 27 / 28

Lake Name _____ Zoning District _____ Acre _____

Project Type: _____ Please explain your proposed project:

(Please submit a site sketch and/or Certificate of Survey)

Office Use

- Site Plans or Sketches
- Photographs

- Building Plans
- A full survey is NOT required

Agencies Notified:

- Highway Department
- Public Works Director Ted Strand
- SWCD
- MN Department of Natural Resources

"No decisions will be made on an applicant's request at the DRT meeting. Submittal of an application after DRT does not constitute approval. Approval or denial of applications is determined by the Planning Commission/City Council of Crosslake at a public meeting as per Minnesota Statute 394 and the Crosslake Land Use Ordinance."

Development Review Team (DRT) Meetings are held the second Tuesday of every month beginning at 9:00 A.M. (Subject to change due to Holiday schedule) The meetings are located in the City Hall Building, 37028 County Rd 66, Crosslake, MN 56442. For more information and directions please call 218-692-2689.