

Traverse County
Land Use Management
320-759-1560

TRAVERSE COUNTY LAND SPLIT APPLICATION FORM

Application #:	
Date App Received:	
Parcel #:	
Fee Paid: \$	Date:

Please Attach Certificate of Survey

Created December 2023

Property Owner's Name (of the parcel the split is coming from):	Parcel # (from prop. tax stmt):
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Owner's Address (Street, City, State, Zip Code):

Property Address (Only If Different):

Authorized Agent (If Applicable):	(Statement of Authorization Required.)
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Preferred Phone:	Secondary Phone:	Email:			
Legal Description: Township Name, Lot & Block Numbers		Section	Township #	Range #	Quarter

Land Split Information

___ # of Lots Prior to Land Split ___ # of Parcels after Land Split

Owner or Agent Signature _____ Date _____

I hereby certify that all information above is true and correct to the best of my knowledge. I agree to complete the proposed work in accordance with the description within this application, any addendum forms, plans, specifications, and all other supporting data as described.

****A Certificate of Survey prepared by a licensed surveyor must be submitted as part of your application. An aerial photo or other map showing the approximate location of the proposed split is also appreciated, but not required.**

**** See attached for additional requirements relating to Land Splits from the Traverse County Land Use Ordinance.**

****Application fee for Land Splits is \$100 or as otherwise indicated by the most current fee schedule. Make checks payable to "Traverse County" and return to:**
Traverse County Zoning Administrator
Hometown Planning
324 Broadway Street, Suite 101
Alexandria, MN 56308

APPLICATION IS HEREBY ___ DENIED (SEE FINDINGS) ___ APPROVED (PERMIT GRANTED)
BY ORDER OF: _____ Traverse County Official, Dated: _____

****NOTE: Applicant is responsible for recording the new deeds with the Traverse County Recorder once it has been approved by the Zoning Administrator.**