

Permit # _____

Base Fee \$ _____
Recording Fee \$ _____
Groundtruthing Fee \$ _____
TOTAL FEE \$ _____



Chisago County Department of Environmental Services

313 N. Main Street, Suite 240
Center City, MN 55012

Contact: Beth Gervais, Land Services Coordinator
651-213-8379 | beth.gervais@chisagocountymn.gov

Application for Administrative Approval or Action

Type of Request:

- Minor Subdivision \$250 + \$46 Recording Fee + \$100 Groundtruthing Fee
- Lot Reconfiguration \$100 + \$46 Recording Fee
- Zoning or Floodplain Verification Letter \$50
- Other Administrative Permit or Approval \$125

Description of 'Other' Request: _____

Subject Property Information:

Street Location(s): _____

Tax Parcel ID Number(s): _____

Legal Description(s): _____

Property Owner Information:

Name(s): _____

Mailing Address: _____

Daytime Phone Number: _____

Email Address: _____

Applicant Information (only if different from Property Owner):

Name(s): _____

Mailing Address: _____

Daytime Phone Number: _____

Email Address: _____

Description of Request (attach additional pages if necessary):

Notes to Applicant:

- If the application is submitted by anyone other than the property owner(s), the property owner(s) must sign the application or provide written authorization.
- Additional application materials may be required with this form. Check with Department of Environmental Services staff to determine what materials are required for your specific request. The Department will not accept partial or incomplete applications.
- The Land Services Coordinator shall determine if the application and required application materials are complete within 15 days of application submittal. Applications will not be processed until that are deemed complete.

I hereby certify that the above information is true and correct to the best of my knowledge and that any knowingly false representations may invalidate any approvals. With my signature, I also grant permission to Chisago County Officials to enter upon the subject property(ies) for the purpose of such inspections as may be necessary.

Applicant's Signature _____ Date _____

Property Owner's Signature _____ Date _____

COUNTY ADMINISTRATION USE ONLY

Date Application Received	_____
Date Fee Paid	_____
Date Application Deemed Complete	_____
60-Day Review Deadline	_____