



MINOR SUBDIVISION APPLICATION

PO Box 244, Finlayson MN 55735 | zoning@finlayson.gov

City Zoning Administrator: Ed Melzark | 612-390-3568

APPLICATION REQUIREMENTS

Do you have soil borings (2 locations per parcel smaller than 40 acres)? Yes No
Application Fee Paid to City Clerk of _____ Yes Date: _____

PROPERTY OWNER

Name: _____ Phone: _____
Mailing Address: _____ Email: _____
City: _____ State: _____ ZIP: _____

CONTACT (If different from above)

Name: _____ Phone: _____
Mailing Address: _____ Email: _____
City: _____ State: _____ ZIP: _____

PROPERTY INFORMATION (PID is found on your Property Tax Statement)

Primary PID: _____ Associated PID: _____

**Primary PID: Parcel where structure / SSTS are located. Associated PID: Additional and/or adjacent property you own or that is related to the project.*

Is there a site address for this property? Yes No

If yes, please list address: _____

Acreage: _____ Recorded Document #: _____

Parcel is to be subdivided into (indicate #) _____ of new parcels; total number of certificates requested: _____

REQUIRED ATTACHMENTS - DOCUMENTS

- Legal description of the original / parent parcel
- Legal description of the proposed parcels (including 'remaining' parcel)
- Soil logs showing SSTS suitability in accordance with MN State statutes

REQUIRED ATTACHMENTS – MAP/SURVEY (you may submit your own site sketch IF it has the required info)

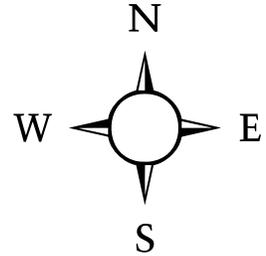
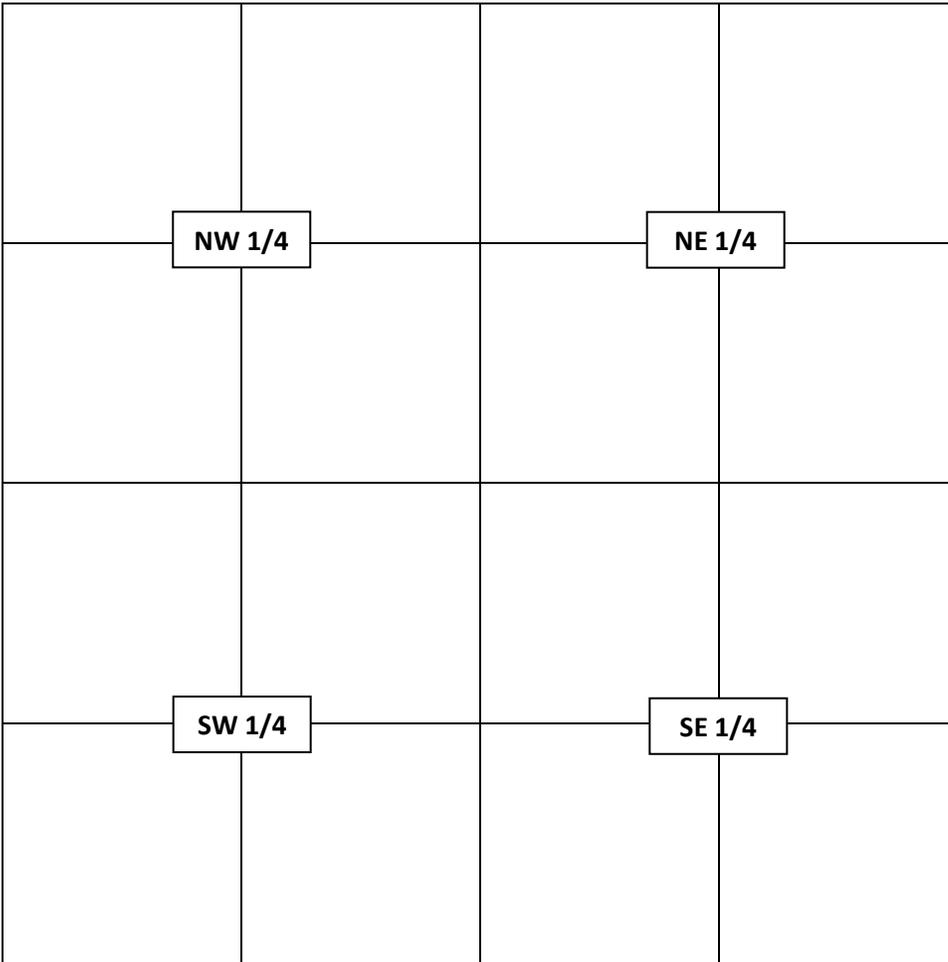
- Layout of proposed parcels & parent parcel
- Soil boring locations (2 per parcel smaller than 40 acres)
- Location of existing buildings, septic systems, or other improvements and their distance from proposed property lines.
- Total acreage for each parcel created (including 'remaining' parcel)
- Location of all existing right-of-ways, easements, or utilities with document numbers identified
- Location and linear frontage of roads serving each parcel

OFFICE USE ONLY

Fee:	Notes:
Receipt #:	



MINOR SUBDIVISION APPLICATION



Each square is 1320 ft x 1320 ft

Section: _____

Town: City of Finlayson

Range: _____

AGREEMENT

By submitting this application, I certify and agree that I am the owner or the authorized agent of the owner of the above property, and that all uses will conform to the provisions of the City of Finlayson. I further certify and agree that I will comply with all conditions imposed in connection with the approval of the application. Applicants may be required to submit additional property descriptions, property surveys, site plans, building plans and other information before the application is accepted or approved. **Intentional or unintentional falsification of this application or any attachments thereto will make the application, any approval of the application and any resulting permit invalid.** I authorize the City of Finlayson to inspect the property to review the application and for compliance inspections. Furthermore, by submitting this application, I release the City of Finlayson and its employees and authorized representatives from any and all liability and claims for damages to person or property in any manner or form that may arise from the approval of the application or any related plans, the issuance of any resulting permit or the subsequent location, construction, alteration, repair, extension, operation or maintenance of the subject matter of the application.

Applicant Name	Applicant Signature	Date
Property Owner (if different)	Property Owner Signature	Date



MINOR SUBDIVISION APPLICATION

TO BE COMPLETED BY CITY OF FINLAYSON

Applicant Name: _____

Parcel ID of parcel to be divided: _____

Brief description of parcel division: _____

I certify that the minor subdivision is compliant with all applicable City of Finlayson ordinances:

Name (printed): _____

Signature: _____ **Date:** _____

Title: _____ **Phone:** _____

Comments: _____
