

APPLICATION FOR FINAL PLAT APPROVAL

Application fee \$100.00

Date of approval
of preliminary plat
(must be within one year)

City of Battle Lake
108 E Main
PO Box 386
Battle Lake, MN 56515
PH/FAX (218) 864-0424

*** Complete this application in black ink***

Property Owner _____ Daytime Phone _____

Address _____

LEGAL DESCRIPTION

Section _____ Township _____ Range _____

Please read the following before signing this application: The City of Battle Lake requires specific criteria to be met when submitting a final plat and **will not begin processing an application that is incomplete.** Applicants should review the specific code requirements and information on procedures found in the Subdivision Control Ordinance. A checklist for final plats is attached.

I hereby apply for approval of a final plat and declare that the information and materials submitted with this application are complete and accurate per Battle Lake City Ordinances requirements. I understand that my application will be processed once the City Zoning Officer determines that it is complete.

Signature of property owner

Date

STAFF REVIEW/REPORT FROM CITY ZONING OFFICER:

City Zoning Officer

CITY COUNCIL ACTION: _____ APPROVES _____ DENIES _____ TABLES

MOTION:

MAYOR, CITY OF BATTLE LAKE

ATTEST: _____
BATTLE LAKE CITY CLERK