

Traverse County
 Land Management Ofc.
 304 4th Street North
 Wheaton, MN 56296
 320-563-8218 ext. 3

TRAVERSE COUNTY AG LAND USE APPLICATION FORM

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

Revised 5/22/2013

Property Owner's Name:	Please Attach Map & Site Sketch			
Owner's Address (Street, City, State, Zip Code):				
Property Address (Only If Different):				
Authorized Agent (If Applicable): (Statement of Authorization Required.)				
Day Phone:	Evening Phone:	Mobile Phone:		
Legal Description - Township Name	Section	Township #	Range #	Quarter

Type of Project	Proposed Use	Water Supply
<input type="checkbox"/> New Construction	<input type="checkbox"/> Single Family Residential	<input type="checkbox"/> Public
<input type="checkbox"/> Addition	<input type="checkbox"/> Multiple Family Residential	<input type="checkbox"/> Community Well
<input type="checkbox"/> Relocation	Units: _____	<input type="checkbox"/> Private Well
<input type="checkbox"/> Replacement	<input type="checkbox"/> Agricultural	Sewage Treatment
<input type="checkbox"/> Other _____	<input type="checkbox"/> Commercial	<input type="checkbox"/> Public
	<input type="checkbox"/> Industrial	<input type="checkbox"/> Community
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Individual _____

Structure Type	Construction	Dimensions	Project Cost Estimate
<input type="checkbox"/> Residence	<input type="checkbox"/> Wood Frame	Length _____	Materials \$ _____
<input type="checkbox"/> Garage	<input type="checkbox"/> Steel/Metal	Width _____	Labor \$ _____
<input type="checkbox"/> Agricultural Building	<input type="checkbox"/> Masonry	Height _____	Total \$ _____
<input type="checkbox"/> Storage	<input type="checkbox"/> Pole Building	Stories above ground _____	Proposed Starting Date _____
<input type="checkbox"/> Deck	<input type="checkbox"/> Pre-Fabricated	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Office	<input type="checkbox"/> Other _____	Bedrooms _____	
<input type="checkbox"/> Grain Bin		Baths _____	
<input type="checkbox"/> Other _____		Other _____	

Lot Characteristics	
Building Setback from Street/Road _____ ft.;	Setback from State Highway _____ ft.
Distance from Building to Septic Tank _____ ft.;	Distance to Drain Field _____ ft.
Total Lot Area _____ acres or ft. ²	Distance to Well _____ ft.

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.

APPLICATION IS HEREBY DENIED (SEE FINDINGS) APPROVED (PERMIT GRANTED)

BY ORDER OF: _____ Traverse County Official, Dated: _____

This permit will expire one year from the date of approval unless otherwise noted through an extension by the above authority.