

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

**TRAVERSE COUNTY
CONDITIONAL USE PERMIT
APPLICATION FORM**

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

Revised 5/22/2013

Owner's Name:				Please attach a map and a site sketch.			
Authorized Agent (if applicable):				(Statement of Authorization Required)			
Owner's Address (Street, City, State, Zip Code):							
Property Address (if different):							
Day Phone:		Evening Phone:		Mobile Phone:			
Legal Description (Lot(s) and Block Numbers)				Section	Township #	Range #	Qtr.
Township Name				Email Address:			

General Description of This Project (Also Attach a Land Use Permit Application):

Applicant 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. This permit will expire one year from the date of approval unless otherwise noted through an extension by a County Official prior to expiration.

