

Date Submitted: \_\_\_\_\_

Application Fee: \$150.00 Paid

**APPLICATION FOR SINGLE LOT SUBDIVISION**

Clay County Planning & Zoning  
3510 12<sup>th</sup> Avenue South, PO Box 280, Moorhead, MN 56561-0280  
Ph: 218-299-5005 / Fax: 218-299-5195  
[planning@claycountymn.gov](mailto:planning@claycountymn.gov)

**Current Property Owner(s):** \_\_\_\_\_

Mailing Address: Street/Box \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Applicant(s):** (if different than owner) \_\_\_\_\_

Mailing Address: Street/Box \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Location of Property: Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Quarter: \_\_\_\_\_

Tax Parcel ID# (parent parcel): \_\_\_\_ . \_\_\_\_ . \_\_\_\_ Acres in Existing Parcel: \_\_\_\_\_

Name of Township: \_\_\_\_\_

Approximate size of new lot (in acres)\* \_\_\_\_\_ Intended use of lot: \_\_\_\_\_

\*Will the new parcel need a new address assigned? (please circle) YES NO

Source of Water Supply \_\_\_\_\_ Method of Sewage \_\_\_\_\_

List any existing structures: \_\_\_\_\_

Will the lot be located within 1,000 feet of a lake or 300 feet of a river/stream \_\_\_\_\_

If yes, list name of lake, river, or stream: \_\_\_\_\_

Will new parcel be: (please circle) SOLD RETAINED\*\*

**\*\* If retained, please complete and file an AFFIDAVIT**

**Surveyor's Certificate (survey) with Corner Documentation IS required.** Please submit a sketch plan of the new lot if a survey has not been completed. An aerial view of the land can be provided by the Planning Office.

Name of Surveyor or Engineer: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Completion of parcel split will require the following: Completed/signed Application; Application fee; Survey; Sale deed or completed Affidavit; current year taxes paid in full on parent parcel.*

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**Office Use Only**

Administrative Approval is:     Granted.  
   Granted subject to the following conditions:  
   Denied for the following reasons:

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Issued by: \_\_\_\_\_ Dated: \_\_\_\_\_