APPLICATION FOR LOT CONSOLIDATION OR LOT LINE ADJUSTMENT

City of Maple Lake
10 Maple Avenue South, P.O. Box 757
Maple Lake, MN 55358-0757
(320) 963-3611 (320) 640-2690 Fax
email: cityhall@ci.maple-lake.mn.us
website: www.ci.maple-lake.mn.us

____ **Lot Consolidation** ____ **Lot Line Adjustment** (check one)

Name of person(s) making request: _____

Phone: (Work) _____ (Cell) _____

Email: _____

Are you the owner _____ or prospective purchaser _____? (please check which applies)

If prospective purchaser, current owner's name: _____

Property Address: _____

Legal Description of Property: (or attach) _____

_____

_____

_____

Parcel Identification Numbers (PID #): __ __ __ - __ __ __ - __ __ __ __ __ __

__ __ __ - __ __ __ - __ __ __ __ __ __

(Your parcel identification number can be found on your recorded deed or property tax statement).

Size of Parcel: _____ **Acres**

I/we certify that the information contained in this application is true and that nothing important has been omitted. I/we understand that The City of Maple Lake will review this application to determine whether it is complete. I/we understand that all questions must be answered to be considered complete. I/we understand incomplete applications will be rejected. I/we understand that the Planning Commission only makes a recommendation to the City Council.

Printed Name: _____ Signed: _____

Address: _____

Phone: _____ Date: _____

NOTE: Application **will not** be accepted without payment of the application fee.