

# City of Askov

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6369 Kobmagergade  
PO Box 245  
Askov, MN 55704

## APPLICATION FOR

MINOR SUBDIVISION  
(4 OR LESS LOTS)

BASE FEE: \$200 + \$50/lot

ESCROW: \$1000

RECORDING FEE: \$30/lot description

MAJOR SUBDIVISION  
(5 OR MORE LOTS)

BASE FEE: \$200 + \$50/lot

ESCROW: \$1000

RECORDING FEE: \$30/lot description

\*\*\*FOR OFFICE USE ONLY\*\*\*

Date Application Received: \_\_\_\_\_

Date Application Complete: \_\_\_\_\_  
(90 review period starts from this date)

City Council Approval/Denial Date: \_\_\_\_\_

90-Day Review Period Ends: \_\_\_\_\_

60-Day Extension \_\_\_ Yes \_\_\_ No Expires on: \_\_\_\_\_

**Instructions:** Please read carefully and answer all questions thoroughly. Only complete applications will be accepted after validation by the Zoning Administrator. Be sure to have all involved parties sign the back signature page.

### Property Information

Street Address: \_\_\_\_\_

Property Identification Number (PID#): \_\_\_\_\_

Legal Description (Attach full description of Metes & Bounds if necessary):

\_\_\_\_\_  
\_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email (home): \_\_\_\_\_

Email (work): \_\_\_\_\_

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**Property Owner Information** (If other than applicant):

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email (home): \_\_\_\_\_

Email (work): \_\_\_\_\_

**DESCRIPTION OF REQUEST** (attach additional sheets as necessary)

Existing Use of Property: \_\_\_\_\_

Description of Proposed Use: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Zoning: \_\_\_\_\_

Number of New Lots: \_\_\_\_\_ Number of Total Lots: \_\_\_\_\_

Reason(s) to Approve Request: \_\_\_\_\_

**Please describe any previous applications pertaining to the subject site:**

Project Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Nature of Previous Request: \_\_\_\_\_

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## Existing Building Sizes:

RESIDENTIAL LOTS: House: \_\_\_\_\_ SF Garage: \_\_\_\_\_ SF (attached/detached)

COMMERCIAL/INDUSTRIAL LOTS: Main Building: \_\_\_\_\_ Total Square Feet

Office Area: \_\_\_\_\_ SF; Warehouse/Storage: \_\_\_\_\_ SF; Manufacturing: \_\_\_\_\_ SF

## ALL LOTS:

Accessory Buildings: (type/size) \_\_\_\_\_ / \_\_\_\_\_ SF; \_\_\_\_\_ / \_\_\_\_\_ SF

\_\_\_\_\_ / \_\_\_\_\_ SF; \_\_\_\_\_ / \_\_\_\_\_ SF; \_\_\_\_\_ / \_\_\_\_\_ SF

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials submitted in support of this application are in compliance with adopted City policy and ordinance requirements and are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes 15.99 at such time as it is determined to be complete. Pursuant to Minnesota Statutes 15.99, the City will notify the applicant within fifteen (15) days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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**AGREEMENT TO PAY ALL APPLCAITON FEES AND EXPENSES:**

We the applicant and undersigned property owner agree to provide to the City, in cash or certified check, for deposit in an escrow fund, the amount of \$\_\_\_\_\_ as partial payment for all fees and estimated future City administrative, planning, legal and engineering fees incurred in processing this request. I understand that any amounts not utilized from this escrow fund shall be returned to me, without interest, when all financial obligations to the City have been satisfied. All fees and expenses are due whether the application is approved or denied.

I understand and agree that all City incurred professional fees and expenses associated with the processing of this request and enforcing the terms of this agreement including, but not limited to, attorney's fees are my responsibility as the property owner and will be promptly paid by myself upon billing by the City in the event the escrow fund is depleted. I further understand and agree that as the property owner I must make said payment within 10 days of the date of the invoice. Bills not paid within the 10 days of request for payment by the City shall accrue interest at the rate of 6% per year. Further, if I fail to pay said amounts when due, then the City may certify such costs against any property owned by me within the City limits for collection with the real estate taxes and/or take necessary legal action to recover such costs and I agree that the City shall be entitled to attorney's fees and other costs incurred by the City as a result of such legal action. I knowingly and voluntarily waive all rights to appeal said certification of such expenses against my property under any applicable Minnesota Statutes.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_