



112 West Washington Avenue

Fergus Falls, MN 56537

Phone: 218-332-5434

e-mail: [building.zoning@ci.fergus-falls.mn.us](mailto:building.zoning@ci.fergus-falls.mn.us)

[www.ci.fergus-falls.mn.us](http://www.ci.fergus-falls.mn.us)

## Preliminary Plat Application

Application fee should be made payable to The City of Fergus Falls upon submittal of completed application. Please complete the application by typing or printing in ink. Use additional paper if necessary.

---

### 1. Property Owner Information:

Company name: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

### 2. Applicant Information: (if different from above)

Company name: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

### 3. Address(es) of Property Involved: (if different from above)

4. Zoning Designation: \_\_\_\_\_

5. Comprehensive Plan Designation: \_\_\_\_\_

6. Statement of Intent: Describe the properties to be combined or created as a part of this Preliminary Plat application and indicate whether a variance, zoning change, and/or Conditional Use Permit will be required for the proposed parcels or the intended use.

---

---

---

**7. Additional Required Information:**

**a. Legal Description and PIN:** Provide the Parcel Identification Number(s) and the complete legal description(s) of the property involved.

**b. Written Narrative:** The written narrative should address whether the parcels affected by the proposed plat would comply with all of the applicable code requirements.

**c. Proposed Plans:** Including but not limited to the proposed plat, a topographic survey, landscape plan, grading and drainage plan, exterior building elevation drawings, and other information may also be required if deemed necessary by the Planning commission. Please provide 1 full size copy of all plans in both electronic format (preferably PDF) and printed format.

**8. Signature(s):** By signing below, you attest that the information above and attached is true and correct to the best of your knowledge.

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

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



112 West Washington Avenue

Fergus Falls, MN 56537

Phone: 218-332-5434

e-mail: [building.zoning@ci.fergus-falls.mn.us](mailto:building.zoning@ci.fergus-falls.mn.us)

[www.ci.fergus-falls.mn.us](http://www.ci.fergus-falls.mn.us)

## Final Plat Application

Application fee should be made payable to The City of Fergus Falls upon submittal of completed application. Please complete the application by typing or printing in ink. Use additional paper if necessary.

---

### 1. Property Owner Information:

Company name: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

### 2. Applicant Information: (if different from above)

Company name: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

### 3. Address(es) of Property Involved: (if different from above)

4. Zoning Designation: \_\_\_\_\_

5. Comprehensive Plan Designation: \_\_\_\_\_

6. Changes from Preliminary Plat: Make note of any differences in property boundaries, easements, etc. from what was originally proposed in the Preliminary Plat application.

---

---

---

---

---

**7. Additional Required Information:**

**a. Legal Description and PIN:** Provide the Parcel Identification Number(s) and the complete legal description(s) of the property involved.

**b. Written Narrative:** The written narrative should address whether the parcels affected by the proposed plat would comply with all of the applicable code requirements.

**c. Proposed Plans:** In addition to the proposed plat, a topographic survey, landscape plan, grading and drainage plan, exterior building elevation drawings, and other information may also be required if deemed necessary by the Planning commission. Please provide 1 full size copy of all plans in both electronic format (preferably PDF) and printed format.

**8. Signature(s):** By signing below, you attest that the information above and attached is true and correct to the best of your knowledge.

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

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