

## 22817 Typo Creek Drive N.E. • Stacy, MN 55079 Phone (651) 462-2812 • Fax (651) 462-0500 E-Mail: records@linwoodtownship.org

File # Fee \$ Chk #	Rcpt # Date:
Escrow \$	Rcpt #
Chk #	Date:

Other Land Use Application			
Applicant:			
Name:		Phone:	Email:
Name:		Phone:	Email:
Address			<del>-</del>
Fee Owner (if different	from Applicant):		
Name:		Phone:	Email:
Name:		Address	
Property Address			
			(If long legal, please attach)
Parcel ID:		Present Zoning:	
including surveys, sketc	nysite pians, solis tests	, etc. ii necessary).	
Zoning and Subdivision or	dinances and current ad n procedures and hereby	ministrative procedures. I	understand the applicable provisions of the further acknowledge the fee explanation as its received from the Township pertaining to
representation of the fac	cts and conditions cond	erning the proposed ske	y knowledge a true, accurate and complete tch / concept plan. I hereby authorize the spections as necessary for the review of this
Signature(s)			
Applicant:	Date:	Owner:	Date:
Applicant:	Date:	Owner:	Date:
Application Fee: \$20	00.00 Escrow may	<b>y apply</b> Date Subm	itted:
Zaning Administrator:		Date Applie	cation deemed complete: