



**Greater Bemidji Area
Joint Planning Board**

Application for Lot Combination

Please complete this application carefully and completely. PLEASE PRINT. Failure to fill in all of the required information may result in a delay of processing your application.

A fee of \$ _____ made payable to the **City of Bemidji** must accompany this application. Additional escrow or verification fees may apply for approved projects.

| OFFICE USE ONLY | |
|----------------------------|-------|
| Complete Application Rec'd | _____ |
| Payment Rec'd | _____ |
| Field Checked | _____ |
| Zoning District | _____ |
| Date Permitted | _____ |
| Permit Number | _____ |
| Comments | _____ |

APPLICANT DATA

| | | | |
|---|-------|--------|-------|
| NAME OF APPLICANT: | _____ | EMAIL: | _____ |
| MAILING ADDRESS: | _____ | | |
| SITE ADDRESS: | _____ | | |
| PHONE NUMBER: WORK | _____ | HOME | _____ |
| SURVEYOR NAME: | _____ | PHONE: | _____ |
| EXISTING PARCEL ID NUMBERS: | _____ | | |
| Have you attached a copy of the deed for each existing parcel? <input type="checkbox"/> Yes <input type="checkbox"/> No A deed is required to finalize combination. | | | |
| Are you aware of any special assessments or easements on this property to be subdivided? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain. _____ | | | |

ALL APPLICANTS MUST SIGN BELOW

| | |
|--|-----------------------------|
| AGREEMENT: I (We) the undersigned, hereby make application for the division(s) described and located as shown herein. I certify that the information contained herein is correct and agree to abide by the provisions of the Greater Bemidji Area Zoning and Subdivision Ordinance and State of Minnesota Codes. I (We) further agree that any dimensions or drawings submitted herewith are accurate and shall become part of the application and subsequent approval. | |
| Note: The applicant is responsible for the delivery of this document and the accompanying letter of approval to the Beltrami County Auditor whereon a single tax parcel ID# shall be assigned. | |
| _____ Signature of Owner | _____ Signature of Owner |
| _____ Date | |

| OFFICE USE ONLY | | | |
|------------------------|-------|----------------------|--|
| Reviewed by | _____ | Date | _____ |
| | | Complete Application | <input type="checkbox"/> Yes <input type="checkbox"/> No |

COMPLETED FORMS CAN BE SUBMITTED AT CITY HALL, 317 4TH STREET NW, LOWER LEVEL