



**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.

<b>OFFICE USE ONLY</b>	
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**

<b>AGREEMENT:</b> 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.	
<b>Note:</b> 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	

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

**COMPLETED FORMS CAN BE SUBMITTED AT CITY HALL, 317 4<sup>TH</sup> STREET NW, LOWER LEVEL**