

**APPLICATION FOR OLMSTED COUNTY PLANNING ADVISORY COMMISSION ACTION
ON PROPOSED PLAT**

- A. Name of Plat _____ Township _____ Section _____
- B. Number of Lots _____ Number of Outlots _____
- C. Size in Acres: Plat _____; Lots (Minimum) _____ (Maximum) _____
- D. What is the proposed use for each of the lots? _____ Single family residential
_____ Commercial _____ Multi-family residential _____ Industrial
- E. Accompanying maps must show:
- 1 **Topographic contour lines** with two-foot intervals and minimum scale of 1 inch = 100 feet.
 - 2 Differential shading or delineation of areas sufficient to identify slopes that are six percent or more and fifteen percent or more.
 - 3 **Soil classes** (from March 1980 Soil Survey of Olmsted County).
 - 4 **Existing and proposed above ground features including:** wooded areas, wet lands, springs and streams, known or calculated 100-year flood elevations, roads including proposed cut and fill lines, quarries, sinkholes and other (identify).
 - 5 **Existing and proposed below ground features such as:** Field tile lines, gas lines, electric lines, telephone lines, water lines, abandoned and proposed wells, sewer drainfields, filled areas and other (identify).
 - 6 Logs and locations of **soil tests**, including test pits, test holes, and percolation tests, all arranged to identify soils in each proposed sewer support area.
 - 7 Information about the proposed **well(s), pressure tank(s), and water line(s)**, sufficient to determine the size, length and performance capacities.

F. **Land Owner's**

Name _____ Telephone Number _____
Address _____

City/State/Zip _____

Minnesota Registered Engineer's

Name _____ Telephone Number _____
Address _____

City/State/Zip _____

APPLICATION FEES ARE AS FOLLOWS

Subdivision on ISTS & Private Wells:

Base Fee---\$1304 per application, plus \$360 for each lot

Subdivision on municipal well or sewage requiring review of only the private wells or ISTS,

but not both:

Base fee--\$1304 per application, plus \$120 for each lot.

Total enclosed \$ _____ Date _____ Signature _____

PLANNING DEPARTMENT USE ONLY

Amount Collected \$ _____ Date Received _____

1. Staff review of maps and soil test data: Name _____ Date _____
2. Staff on-site inspection of lots: _____ Name _____ Date _____
3. Comments: _____
4. Environmental Commission Action:
 - a. Date of Approval: (tentative / preliminary plat) _____
(Final Plat) _____
 - b. Limitations: _____
