

Stockholm Township
Planning & Zoning
16233 County Road 30 SW
Cokato, MN 55321
320-759-1560

**STOCKHOLM TOWNSHIP AG
LAND USE APPLICATION FORM**

Please Attach Map & Site Sketch

Application #:	
Date App Received:	
Parcel #:	
Fee Paid: \$	Date:

Property Owner's Name:	Parcel # (from prop. tax stmt):				
Owner's Address (Street, City, State, Zip Code):					
Property Address (Only If Different):					
Authorized Agent (If Applicable):		(Statement of Authorization Required.)			
Preferred Phone:	Secondary Phone:	Email:			
Legal Description: Township Name, Lot & Block Numbers		Section	Township #	Range #	Quarter

Type of Project	Proposed Use	Water Supply
<input type="checkbox"/> New Construction	Single Family Residential	<input type="checkbox"/> Public
<input type="checkbox"/> Addition	Multiple Family Residential	<input type="checkbox"/> Community Well
<input type="checkbox"/> Relocation	No. of Units: _____	<input type="checkbox"/> Private Well
<input type="checkbox"/> Replacement	Agricultural	<input type="checkbox"/> Sewage Treatment
<input type="checkbox"/> Other _____	<input type="checkbox"/> Machine Shed <input type="checkbox"/> Animals/Feedlot <input type="checkbox"/> Other	<input type="checkbox"/> Public
	Commercial/Industrial	<input type="checkbox"/> Community
	Other _____	<input type="checkbox"/> Individual

Structure Type	Construction	Dimensions	Project Cost Estimate
<input type="checkbox"/> Residence	Wood Frame	Length _____	Materials \$ _____
<input type="checkbox"/> Garage	Steel/Metal	Width _____	Labor \$ _____
<input type="checkbox"/> Agricultural Building	Masonry	Height _____	Total \$ _____
<input type="checkbox"/> Storage	Pole Building	Stories above ground _____	
<input type="checkbox"/> Deck	Pre-Fabricated	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Proposed Starting
<input type="checkbox"/> Office	Other _____	Bedrooms _____	Date _____
<input type="checkbox"/> Grain Bin # bushels _____		Baths _____	
<input type="checkbox"/> Other _____		Other _____	

Lot Characteristics			
Building Setback from Street/Road _____ ft.	Setback from State Highway _____ ft.		
Distance from Building to Septic Tank _____ ft.;	Distance to Drain Field _____ ft.		
Total Lot Area _____ acres or ft. ²	Distance to Well _____ ft.		

Owner or Agent Signature _____	Date _____
I hereby certify that all information above is true and correct to the best of my knowledge. I agree to complete the proposed work in accordance with the description within this application, any addendum forms, plans, specifications, and all other supporting data as described.	

APPLICATION IS HEREBY <input type="checkbox"/> DENIED (SEE FINDINGS) <input type="checkbox"/> APPROVED (PERMIT GRANTED)	
BY ORDER OF: _____ Stockholm Township Official, Dated: _____	
This permit will expire one year from the date of approval unless otherwise noted through an extension by the above authority.	