

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

Structure Type	Construction	Dimensions	Project Cost Estimate
<input type="checkbox"/> Residence	<input type="checkbox"/> Wood Frame	Length _____	Materials \$ _____
<input type="checkbox"/> Garage	<input type="checkbox"/> Steel/Metal	Width _____	Labor \$ _____
<input type="checkbox"/> Agricultural Building	<input type="checkbox"/> Masonry	Height _____	Total \$ _____
<input type="checkbox"/> Storage	<input type="checkbox"/> Pole Building	Stories above ground _____	
<input type="checkbox"/> Deck	<input type="checkbox"/> Pre-Fabricated	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Starting
<input type="checkbox"/> Office	<input type="checkbox"/> 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 ☐ DENIED (SEE FINDINGS) ☐ 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.