

BELTRAMI COUNTY
ENVIRONMENTAL SERVICES

Phone: 218-333-4158
esd@co.beltrami.mn.us
<http://www.co.beltrami.mn.co>

Date submitted: _____

Date requested Preliminary Plat
Meeting: _____

Date scheduled for Preliminary
Plat Meeting: _____

PRELIMINARY PLAT MEETING REQUEST

1. NAME of APPLICANT(s): _____
ADDRESS: _____
2nd ADDRESS: _____
Email: _____
PHONE (w) _____ (h) _____
Cell _____ FAX _____
PARCEL(s) #: _____

LEGAL DESCRIPTION OF PROPERTY PROPOSING TO PLAT:

PROPOSED PLAT NAME: _____

Lakeshore: ☐ yes Body of Water and classification _____
☐ no

Acreage: _____ Number of Proposed Lots: _____

Township: _____ Copy of Deed: _____

Request to be submitted to ESD office for scheduling.

- Please submit a rough sketch of proposed plat with this request form. Sketch required to schedule meeting date.

☐ YES

☐ NO