



~ RV PERMIT APPLICATION ~
BECKER COUNTY PLANNING & ZONING

915 LAKE AVENUE, DETROIT LAKES, MN 56501
 PHONE (218) 846-7314 - FAX (218) 846-7266

PARCEL	
APP	RV
YEAR	2011
SCANNED	

PARCEL NUMBER _____ RV / PROJECT Address _____

DIRECTIONS TO PROPERTY: _____

LEGAL DESCRIPTION

LAKE / WETLAND / RIVER	WATER CLASS	SECTION	TWP	RANGE	TOWNSHIP NAME

PROPERTY OWNER	MAILING ADDRESS, CITY STATE ZIP CODE	PHONE NO

Type of RV	Method of Sewage Disposal
() Pop Up	() Discharge to septic Year System Installed _____
() Pull behind	() Off premis disposal Where _____
() 5 th Wheel	() Pumper Name _____
Model _____	
Size of RV _____	

Lot Dimensional Data:	Setback Of RV From:
Area in Sq Ft _____	Lake/River _____
Or Acreage _____	Pond/Wetland _____
Lot width at Bldg Line _____	Side Lot Line _____
Lot Depth _____	Rear Lot Line _____
	Road Right of Way _____
	(If Public Dedicated Rd) _____
Type of Roadway (Please Circle):	Road Center Line _____
State / County / Public – Township	(If Public Easement Rd) _____
4 Lane Hwy / Private Easement	Septic System _____
	Well _____

I hereby certify with my signature that all data contained herein as well as all supporting data are true and correct to the best of my knowledge. I also understand that this permit is valid from March 1 until the end of February. New licenses are required beginning March 1 of each year. My approved RV permit will be posted in the window of my RV.

_____ Date _____
 Signature

****This Permit may be revoked at any time upon violation of said Ordinances and approved setbacks. Any changes to this site permit results in nullification of this permit and a new permit will have to be obtained.**

SKETCH:

- 1) Sketch location of RV. Include distance from property lines.
- 2) Property lines/road right of ways and proposed RV location **must be well marked/staked** or application will be **DENIED**. **Date Staked:** _____

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Application Fee: _____ + Cormorant Surcharge _____ + Fines _____ = Total Fees _____

Application is hereby GRANTED in accordance with the application and supporting information by order of:

_____ as of this date _____

Application is hereby DENIED based on the fact that _____

by order of: _____ as of this date _____

Receipt Number _____ **Date Paid** _____

Additional Receipt Number _____ **Date of Additional Receipt** _____

Compliance Inspection

Date: _____ Report: _____ By whom: _____



COUNTY OF BECKER

Planning and Zoning

915 Lake Ave, Detroit Lakes, MN 56501
Phone: 218-846-7314 ~ Fax: 218-846-7266

Authorized Agent Form

1. Form must be legible and completed in ink.
2. Check appropriate box(es). Write any specific restrictions on the checked item in the space provided (e.g. "garage site permit" or "valid only on permit applications submitted between 06/01/20XX and 08/01/20XX"). If you want your agent to represent you on a conditional use or variance application and also be authorized to obtain the related permit(s), be sure to check and complete the "permit application" item as well. If an item's box is checked and the accompanying space is left blank, the authorization granted on that item is valid for a period of one year from the date of signature on this form until Becker County Planning and Zoning receives signed, written notification from the property owner(s) stating otherwise or the property's ownership changes.

I (we), _____ hereby authorize _____ to act
 (landowner-print name) (agent-print name)
 as my (our) agent on the following item(s): appropriate box(es)

- permit application (write in permit "type" – e.g. site, septic, etc.): _____
- plat application: _____
- conditional use application: _____
- variance application: _____
- other: _____

on my (our) property located at:
 Tax Parcel Number(s): _____ Physical Site Address: _____

Legal Description: _____

Section: _____ Township: _____ Range: _____ Lot: _____ Block: _____ Plat Name: _____

Agent Contact Information

Agent address: _____
 Street City State Zip Code
 Agent phone #(s): _____ Agent fax #: _____
 Agent email address: _____

 Property Owner(s) Signature(s) Date

State of Minnesota
 County of Becker

On this _____ day of _____ before me personally appeared _____ to me
 known to be the person(s) described in and who executed the foregoing instrument; and acknowledged that
 _____ executed the same as _____ free act and deed.

(Notary Stamp)

 Notary Public

Office Use Only:
Date received: _____ **Expiration Date:** _____