

**ARNA TOWNSHIP  
APPLICATION FOR FINAL PLAT REVIEW**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ (include area code)

EMAIL: \_\_\_\_\_ (optional)

NAME OF PROPOSED PLAT: \_\_\_\_\_

State below what has been done to meet each of the conditions determined at the Preliminary Plan phase:

**NOTE:** (see ordinance Section 4.4.1) Attach six (6) prints of the plat, and one each of the title, and the Attorney's Opinion.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Fee: \$550.00 to accompany this application  
**Make checks payable to: Arna Township**

Return to:	Zoning Administrator	(or)	Arna Town Clerk
	47196 Witt Lane		49910 First Ave
	Markville, MN 55072		Markville, MN 55072
Phone:	320-242-3236		320-242-3409

A copy of our ordinance is available at: [www.arnatownship.org](http://www.arnatownship.org)