



**Greater Bemidji Area
Joint Planning Board**

OFFICE USE ONLY	
Complete App. Rec'd _____	
Comments _____	

Application for Lot Combination

Please complete this application carefully and completely. PLEASE PRINT. Failure to fill in all of the required information may result in a delay of processing your application.

A fee of \$ _____ made payable to the **City of Bemidji** must accompany this application. Additional escrow or verification fees may apply for approved projects.

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An escrow account is established as indicated above to cover technical and legal expenses incurred by the Joint Planning Board (JPB) as part of the plan review. The applicant is responsible for all costs incurred by the JPB during plan review. If the escrow amount drops below 10% of the original deposit amount the JPB may require submittal of an additional escrow deposit sufficient to cover any anticipated expenses. Upon determination by the JPB that the project is complete or expired, the JPB will return the remaining escrow deposit to the applicant.

APPLICANT DATA

NAME OF APPLICANT: _____	PHONE: _____
MAILING ADDRESS: _____	
EMAIL ADDRESS: _____	
SURVEYOR NAME: _____	PHONE: _____
PARCEL ID NUMBERS TO BE COMBINED: _____	

Have you attached a copy of the deed for each existing parcel? <input type="checkbox"/> Yes <input type="checkbox"/> No A deed is required to finalize combination.	
Are you aware of any special assessments or easements on this property to be subdivided? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain. _____	

ALL APPLICANTS MUST SIGN BELOW

Note: The applicant is responsible for the delivery of this document and the accompanying letter of approval to the Beltrami County Auditor whereon a single tax parcel ID# shall be assigned.

Signature of Owner
Date _____

OFFICE USE ONLY	
Reviewed by _____	Date _____ Complete Application <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLETED FORMS CAN BE SUBMITTED AT 315 5TH STREET NW, SUITE #2, BEMIDJI, MN 56601