



**City of Detroit Lakes**

1025 Roosevelt Ave., P.O. Box 647 Detroit Lakes, MN 56502

Date: \_\_\_\_\_

**LOT DIVISION REQUEST**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Address Of Property To Be Split \_\_\_\_\_

Petitioner's Signature \_\_\_\_\_

Parcel Number \_\_\_\_\_

Existing Description Of Property To Be Divided (Use reverse or attach sheets if needed)

What will happen to the remaining property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach a certificate of survey of proposed lot division showing existing and proposed parcels.

Pay required \$135.00 fee by check payable to the City of Detroit Lakes.

**APPROVED LOT DIVISION**

Date \_\_\_\_\_

Community Development Director  
Or Zoning Administrator  
Or City Clerk

Signature \_\_\_\_\_

Date \_\_\_\_\_

Notary Signature \_\_\_\_\_ Commission expiration date \_\_\_\_\_