



City of Detroit Lakes

1025 ROO SEVELT AVE. DETROIT LAKES, MN 56501

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 _____