

RECEIVING PROPERTY		
Receiving Property Address	Property ID Number (PIN)	
Contact Person	Phone	
RECEIVING PROPERTY OWNER		
Name	Phone	
Address	City	State Zip
SENDING PROPERTY		
Sending Property Address	Property ID Number (PIN)	
Contact Person	Phone	
SENDING PROPERTY OWNER <i>(If different)</i>		
Name	Phone	
Address	City	State Zip
SUPPORTING DOCUMENTS <i>(Attached to this application)</i>		
Check all that apply: _____ _____ Required Required Required Required Required Required	<u>Receiving Parcel – Select one</u> Dakota County recorded evidence of ownership OR Eureka Township form “Certification of Intent to Acquire Property” <u>Sending Parcel – Housing Right to be Transferred</u> Dakota County recorded evidence of ownership of Sending parcel Documentation of Proof of Housing Right or Housing Right Eligibility Permit Application <u>Housing Right Transfer Agreement</u> <u>Copy of Wetland Determination (Dakota County Soil and Water Conservation District)</u> <u>Map of Quarter-Quarter Section RECEIVING the transferred Housing right</u> <u>Map of Quarter-Quarter Section SENDING the transferred Housing Right</u>	Township _____ _____ _____ _____ _____ _____ _____ _____

Description of Other Properties in Receiving Quarter-Quarter Section

Quarter-Quarter Section of Receiving Parcel: _____ Quarter of _____ Quarter of Section _____

Attach Property Map of the described Quarter-Quarter Section and indicate status of each parcel below:

	Parcel ID (PID)	House Yes/NO	If no house, housing right is: Not Present	Grandfathered	Transferred in	Township Verification
2 nd Parcel:						
3 rd Parcel:						
4 th Parcel:						
5 th Parcel:						

TOWNSHIP USE ONLY

Date Received: _____ Received By: _____

Is there an existing Conditional Use Permit (CUP) or Interim Use Permit (IUP) for uses on the involved property? *(If yes, attach a copy of the permit).* _____ Yes _____ No

Has a Nonconforming Use registration form been filed for this property? *(If yes, attach copy of the registration form).* _____ Yes _____ No

Fees

Complete Date: _____ Incomplete Notification sent: _____

Application Fee \$ _____ Paid on _____ Receipt # _____ Check # _____

APPROVALS REQUIRED

_____ Zoning Administrator	_____ Complete _____ Incomplete	_____	_____
		<i>Zoning Administrator signature</i>	<i>Date</i>
_____ Planning Commission	_____ Recommended _____ Not Recommended	_____	_____
		<i>Planning Commission Chair</i>	<i>Date</i>
_____ Town Board	_____ Approved _____ Denied	_____	_____
		<i>Town Board Chair</i>	<i>Date</i>

NOTES: