

**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.arna.gov

Version – 6/3/2025