ARNA TOWNSHIP APPLICATION FOR PRELIMINARY PLAN REVIEW

NAME:			DATE:	
MAILING AD	DDRESS:			
CITY:	STATE:		ZIP:	
TELEPHONE	:	_ (include	le area code)	
EMAIL:		(optional)		
NAME OF PI	ROPOSED PLAT:			
			on regulations in general. See Section 4.3 specifically for 4.4 for information specific to Final Plats.	
details n	_		used to evaluate each parcel or lot, so please provide the onform to Definition 2.91 as a usable lot, as well as the other	
•	equirements of Section 4.3, p I topographic information.	lease atta	tach eight (8) copies of your plan, and three (3) copies each of	
application	will be reviewed, prior to a p	ublic hear	and place of the next Planning Commission meeting where this aring. You are encouraged (but not required) to attend the sions that may arise. You may be represented by anyone you	
SIGN	ATURE OF APPLICANT			
	0.00 to accompany this applic determined at the public he		mounts for escrow accounts and other potential associated	
Make check	s payable to: Arna Township			
Return to:	Zoning Administrator 47196 Witt Lane Markville, MN 55072	(or)	Arna Town Clerk 49910 First Ave Markville, MN 55072 320-242-3409	

A copy of our ordinance is available at: www.arna.gov

Version – 6/3/2025