Application For Easement Across State Tax Forfeited Lands

Please provide the information on this form to begin an assessment for an easement across State tax forfeited lands. Complete this form and send to the appropriate address listed below. You may be contacted by Land and Minerals Department staff for clarification or further information. Please be aware that completion of this form does not guarantee that an easement will be granted. It is to your advantage to explore all other viable options for the most appropriate access route.

The Land and Minerals Department will proceed with your easement request upon payment of a \$1,000.00 deposit which will be applied to appraisal, administrative, and land use fees. **Payment must accompany this application** by personal check, cashiers check, certified check or money order and made payable to the St. Louis County Auditor.

1. Encumbrance:		
☐ Road Right-of-Way	Utility Easement	☐ Other
Choose Type:	Choose Type:	Placement: Explain:
Easement	O Power O Gas	○ Overhead
○ Lease	○ Water ○ Sewer	○ Underground
	○ Communication ○ Other	Combination
2. Applicant Information:		
Name		Name
Address		Address
City	State Zip Code	City State Zip Code
E-Mail		E-Mail
Phone Number		Phone Number
3. PRIVATE Parcel(s) Requirir	ng Access:	
Do you own the parcel(s)? Note: Easement MUST be in th current private landowners nar		me:
Parcel Code Number:	Towns	chip: Range: Section(s):
Parcel Legal Description: If more space is required attach additional sheet.		Acreage of Parcel:
Long term plans for the proper	rty:	ecreation Other
If OTHER, explain:		
Has your property been survey If YES , attach a copy of the draw		
For Roadway applicants, do yo	u plan to bring in utilities to the prope	rrty? O Yes O No If YES, Utility type:

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4. STATE TAX FORFEITED Parcel(s	Requiring to (Cross:				
Location of Parcel(s): Township:	Range:	S	ection(s):	Quarter Section(s): (40's ex. NW1/4 of		
What is the Proposed Route? Note: Attach preliminary drawing or sketch to show an approximation of proposed route. Is the Route one of the following: Existing Road Existing Trail New Construction Re-Construction				SW1/4)		
What is the requested width of the	proposed easei	ment in feet?				
What is the requested length of the	e proposed ease	ement in feet?				
5. Signature of Applicant and/or A	Authorized Rep	oresentative:				
Signature					Date	

6. Return Completed Application to:

North Area St. Louis County Land and Minerals Department 7820 Highway 135 Virginia, MN 55792-2934 (218) 742-9898 South Area St. Louis County Land and Minerals Department 5713 Old Miller Trunk Highway

Duluth, MN 55811 (218) 625-3700