

**Re-Subdivision – GIS Impact Fee  
Processing Form – Olmsted County**

Rochester-Olmsted Planning Department  
GIS/Addressing Division, 2122 Campus Drive SE, Suite 100  
Rochester, MN 55904 Phone:(507) 328-7100  
Fax:(507) 328-7958

**PLEASE REVIEW AND COMPLETE THE INFORMATION BELOW:**

Please submit the following Re-subdivision documents to the Rochester-Olmsted Planning Department – GIS/E911 Addressing Division:

1. This completed form.
2. Copy of Re-Subdivision Plat and Agency Notice for pending hearing.
3. Check for the total amount of the GIS Impact Fee listed below **payable to Olmsted County**.

**---- NOTE ----**

If **any portion** of this plat has been previously platted, please submit this Re-Subdivision GIS Impact Fee form.

**To Be Completed By Applicant**

<b>Fee</b>	# Lots/Outlots: _____ x \$10.00 per Lot/Outlot + \$290 per plat = \$ _____
<b>Re-Subdivision Information</b>	Re-Subdivision Name: _____ # Lots: _____ # Outlots: _____ Township: _____ Section: _____ Range: _____ Legal Description: _____ Additional Info: _____
<b>Applicant Information</b>	Name: _____ Date: _____ Address: _____ <small style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></small> <small style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></small> <small style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></small> <small style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></small> <small style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></small> <small style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></small> <small style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></small> <small style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></small> Email: _____ Phone: _____

**For Department Use Only**

Total Fee Paid: \$ _____	Date Fee Paid: _____
Accela E911 File No: _____	Accela Planning No: _____