



Goodhue County Land Use Management

Site Visit Request Form

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ E-mail Address: _____

Property Owner Information (if different than above)

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ E-mail Address: _____

Location Information

Parcel Number: _____ Site Address: _____

Township: _____ Section: _____

Reason for Visit Bluff Setback Other Explain: _____

Replacement Site Evidence to look for: _____

Payment Information

Site Visit Fee: \$50

Date Paid: _____
Receipt Number: _____

Staff Findings

Staff: _____ Date: _____
Name Title

Findings _____

Phone: () _____ E-mail Address: _____