

**CITY OF AFTON**

**MINOR SUBDIVISION PERMIT APPLICATION**  
**(Reference Sections: 160.006 and 160.010)**

Owner	Address	City	State	Zip	Phone
Applicant (if different than owner)	Address	City	State	Zip	Phone
Project Address		<b>AFTON</b>	<b>MN</b>	<b>55001</b>	
Zoning Classification	Existing Use of Property	PID# or Legal Description			
Description of Request					
By signing this application, the applicant agrees to pay all expenses incurred by the City of Afton. In connection with this request, your signature constitutes permission for a representative of the City of Afton to enter your property, during business hours, to evaluate this request. This may involve minor excavating or soil borings. If you would like to be present during this evaluation, please contact the City.					
Signature of Owner/Applicant				Date	
Email Address: _____					
Make checks payable to <b>City of Afton:</b>					
<b><u>FEES:</u></b>		<b><u>Escrow:</u></b>			
Minor Subdivision	\$450.00	Minor Subdivision	\$1,500.00	TOTAL:	_____ \$1,950.00
				DATE PAID:	_____
				CHECK #:	_____
				RECVD. BY:	_____
<b>ATTACH COPY OF DEED OR PROOF OF OWNERSHIP TO APPLICATION</b>					

**CITY OF AFTON**  
**MINOR SUBDIVISION CHECKLIST**  
**Submission Requirements**

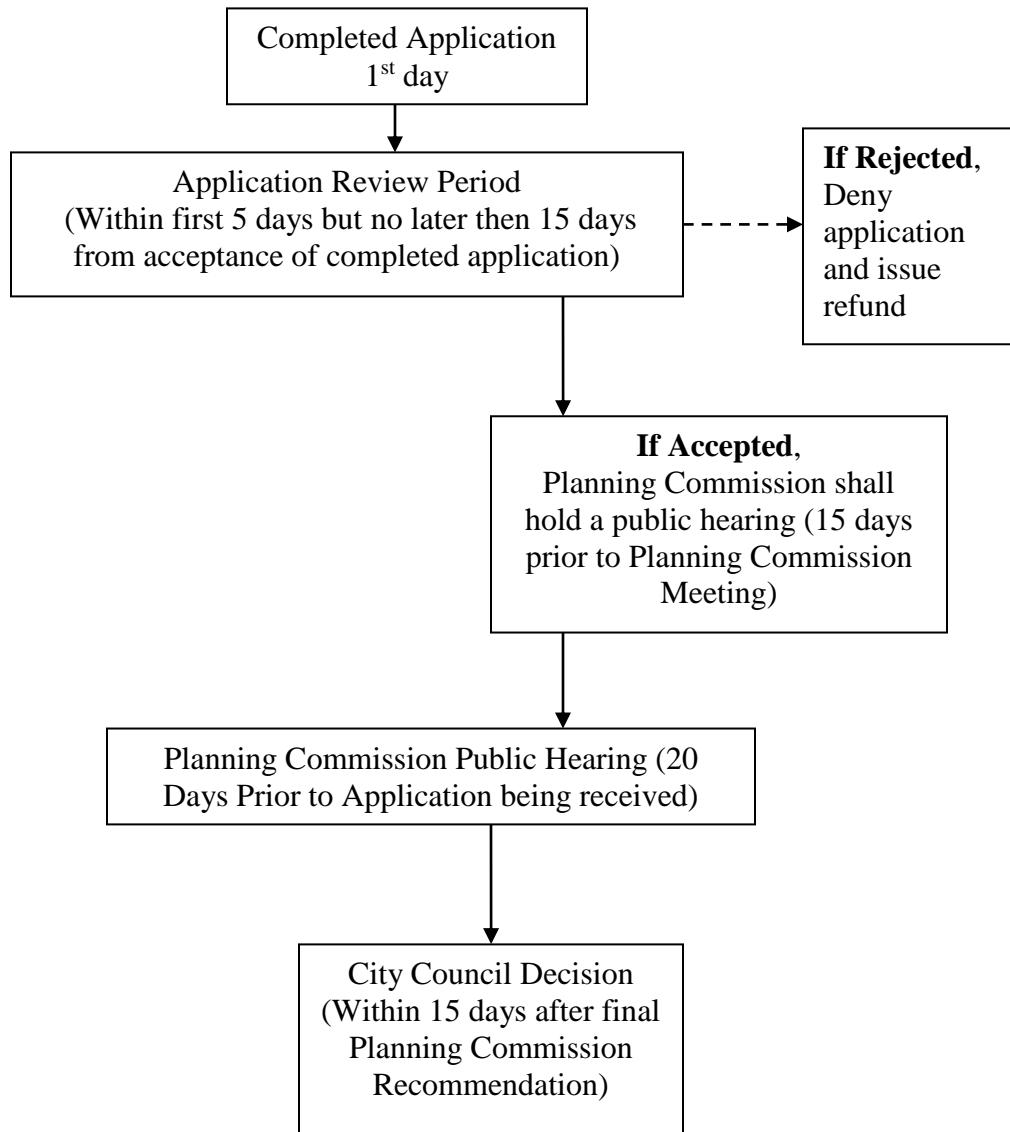
---

- \_\_\_\_\_ Completed application form, including full legal name (first, middle, and last) and address of the applicant, fee owner, and any other persons having a legal interest in the property. \_\_\_\_\_
- \_\_\_\_\_ Fee as set forth in the current Fee schedule as adopted by the City Council \_\_\_\_\_
- \_\_\_\_\_ Proof of Ownership (Copy of Property Tax Statement or Deed) \_\_\_\_\_
- \_\_\_\_\_ Location map showing the general location within the City \_\_\_\_\_
- \_\_\_\_\_ List of property owners within 500 feet and mailing labels (Available from Washington County Survey & Land Mgmt at 651-430-4300) \_\_\_\_\_
- \_\_\_\_\_ Zoning classification of land in and abutting the subdivision \_\_\_\_\_
- \_\_\_\_\_ Twenty five (25) sets of maps including the following information: (at least one set in 11" x 17" size) \_\_\_\_\_
- \_\_\_\_\_ **Survey by a registered land surveyor** at a standard scale, illustrating: \_\_\_\_\_
- Boundaries, dimensions, and size of original parcels and proposed new lots
  - Legal description of property (including separate descriptions of all lots)
  - Dedication of road easements and right-of-way
  - Drainage easements
  - Water and wetland delineation
  - Woodlands
    - Existing topography at 2 foot intervals (illustrate the locations of slopes between 13 and 18 percent and 18 and greater)
  - Buildable area (minimum 2.5 contiguous acres)
  - Driveway access points
- \_\_\_\_\_ Proposed grading, drainage, and erosion control plans if a driveway or other common construction is specified or required \_\_\_\_\_
- \_\_\_\_\_ Soil boring and percolation tests (Letter from Washington County) \_\_\_\_\_
- \_\_\_\_\_ Copy of proposed private restrictions (if applicable) \_\_\_\_\_
- \_\_\_\_\_ Valley Branch Watershed District Permit \_\_\_\_\_
- \_\_\_\_\_ Park development fees (as required in Fee Schedule) \_\_\_\_\_
- 

***Note: The City may waive or modify some of these submittal requirements if appropriate to the specific situation. Call the Zoning Administrator at 651-436-5090 if you have questions about specific submittal requirements.***

**CITY OF AFTON  
MINOR SUBDIVISION FLOW CHART**

APPLICATIONS MUST BE RECEIVED NO LATER THEN **21** DAYS PRIOR TO THE NEXT REGULARLY SCHEDULED PLANNING COMMISSION MEETING



**CITY OF AFTON**

**ZONING CONDITIONS CHECKLIST FOR APPROVAL**

**FOR A SUBDIVISION**

OWNER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: **AFTON**                      STATE: **MN**                      ZIP CODE: **55001**

LEGAL DESCRIPTION OF PROPERTY: (Attach separate page if needed.)

\_\_\_\_\_  
\_\_\_\_\_

MUNICIPALITY: **AFTON**                      ZONING DISTRICT: \_\_\_\_\_

APPLICANT (IF OTHER THAN OWNER): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ZONING PERMIT NO.: \_\_\_\_\_

APPROVED RESOLUTION NO.: \_\_\_\_\_ DATE OF APPROVAL: \_\_\_\_\_

**PERMITTED USE(S) ARE SUBJECT TO THE FOLLOWING CONDITIONS OR RESTRICTIONS, INCLUDING THE CONDITIONS PLACED ON THE APPROVAL OF THE SUBDIVISION:**

**WE ACCEPT THE CONDITIONS OF THIS PERMIT. IT IS UNDERSTOOD THAT ANY CHANGES FROM THESE PLANS MUST BE RESUBMITTED FOR APPROVAL.**

\_\_\_\_\_  
APPLICANT/OWNER

\_\_\_\_\_  
CITY ADMINISTRATOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE