

**City of Afton**  
**ZONING PERMIT APPLICATION**

**REZONING APPLICATION**  
**(Reference Code Section: 153.029)**

Owner	Address	City	State	Zip	Phone
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Applicant (if different than owner)	Address	City	State	Zip	Phone
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Project Address		<b>AFTON</b>	<b>MN</b>	<b>55001</b>	
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Zoning Classification	Existing Use of Property	PID# or Legal Description			
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Description of Request					
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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.					
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Signature of Owner/Applicant				Date	
<hr/>					
Email Address: _____					
<b><u>FEES:</u></b>		<b><u>ESCROW:</u></b>			
Rezoning Fee	\$450.00	Rezoning Escrow	\$1500.00	TOTAL:	\$1950.00
				DATE PAID:	_____
				CHECK #:	_____
Make checks payable to: <b>City of Afton</b>				RECVD. BY:	_____
<b>ATTACH COPY OF DEED OR PROOF OF OWNERSHIP TO APPLICATION</b>					

I understand and hereby agree that the work for which the permit is issued shall be performed according to the following: (1) the conditions of the permit, (2) the approved plans and specifications, (3) the applicable city approvals, ordinances and codes, and (4) the state building code.

I understand that the permit will expire if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 anytime after work has commenced; and that I am responsible for ensuring that all required inspections are requested in conformance with the state building code.