

CITY OF AFTON
VEGETATIVE CUTTING APPLICATION

(Reference Section: 12-218, 12-704)

DON'T FORGET TO CALL DIGGERS HOTLINE, BEFORE YOU CUT!

Owner	Address	City	State	Zip	Phone
Applicant (if different than owner)	Address	City	State	Zip	Phone
Project Address		AFTON	MN	55001	
Zoning Classification	Existing Use of Property	PID# or Legal Description			
Description of Request					
Expected Completion Date					
<p>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.</p>					
Signature of Owner/Applicant				Date	
Email Address					
<p>Make checks payable to City of Afton: **Completion Required to Request Refund**</p>					
<u>FEES:</u>		<u>ESCROW:</u>			
Veg Cutting*	\$0	ESCROW	\$200	TOTAL:	_____
*Veg Cutting may require an Administrative Permit and/or a revegetation plan				DATE PAID:	_____
*Clear cutting - CUP required (See Zoning Administrator)				CHECK #:	_____
				RECVD. BY:	_____
ATTACH COPY OF DEED OR PROOF OF OWNERSHIP TO APPLICATION					