

**CITY OF AFTON**

**FARMSITE PERMIT APPLICATION**

**FEE**

**\$50**

**CITY OF AFTON  
ZONING PERMIT APPLICATION  
FARMSITE PERMIT**

|  |                          |                           |       |       |       |
|--|--------------------------|---------------------------|-------|-------|-------|
| Owner  | Address                  | City                      | State | Zip   | Phone |
| <hr/>  |                          |                           |       |       |       |
| Applicant<br>(if different than owner)   | Address                  | City                      | State | Zip   | Phone |
| <hr/>  |                          |                           |       |       |       |
| Project Address  |                          |                           |       |       |       |
| <b>AFTON MN 55001</b>  |                          |                           |       |       |       |
| Zoning Classification  | Existing Use of Property | PID# or Legal Description |       |       |       |
| <hr/>  |                          |                           |       |       |       |
| Description of Request   |                          |                           |       |       |       |
| <hr/>  |                          |                           |       |       |       |
| <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> <p>Furthermore, 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.</p> <p>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 days 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.</p> |                          |                           |       |       |       |
| Signature of Owner/Applicant   |                          |                           |       |       | Date  |
| <hr/>  |                          |                           |       |       |       |
| Make checks payable to: <b>City of Afton</b>   |                          |                           |       |       |       |
| <b><u>FEES:</u></b>  |                          | <b><u>ESCROW:</u></b>     |       |       |       |
| FARMSITE   | \$50.00                  | TOTAL:                    |       | _____ |       |
|  |                          | DATE PAID:                |       | _____ |       |
|  |                          | CHECK #:                  |       | _____ |       |
|  |                          | RECVD. BY:                |       | _____ |       |
| <b>ATTACH COPY OF DEED OR PROOF OF OWNERSHIP TO APPLICATION</b>  |                          |                           |       |       |       |

