

CITY OF AFTON DESIGN REVIEW APPLICATION

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 _____					

<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		
_____			_____		
Make checks payable to: City of Afton					
<u>FEES:</u>					
Design Review	\$50.00	TOTAL: _____			
		DATE PAID: _____			
		CHECK #: _____			
		RECVD. BY: _____			
ATTACH COPY OF DEED OR PROOF OF OWNERSHIP TO APPLICATION					