

CITY OF AFTON STREET VACATION 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			
Please list the section(s) of the code from which the variance(s) are requested.					
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		
Make checks payable to: City of Afton					
<u>FEES:</u>	<u>ESCROW:</u>				
\$250.00	\$500.00	TOTAL:	_____		
		DATE PAID:	_____		
		CHECK #:	_____		
		RECVD. BY:	_____		
ATTACH COPY OF DEED OR PROOF OF OWNERSHIP TO APPLICATION					