

**CITY OF AFTON**

**ADMINISTRATIVE PERMIT  
MOVING/RELOCATING STRUCTURE**

**FEE  
\$75.00**

**CITY OF AFTON  
ADMINISTRATIVE PERMIT APPLICATION  
MOVING / RELOCATING STRUCTURE**

Owner	Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	_____

Applicant (if different than owner)	Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	_____

Project Address	<b>AFTON</b>	<b>MN</b>	<b>55001</b>
_____			

Zoning Classification	Existing Use of Property	PID# or Legal Description
_____	_____	_____

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
_____	_____

Email Address \_\_\_\_\_

Make checks payable to **City of Afton:**

**FEES:**

**Escrow:**

\$75.00

TOTAL: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

CHECK #: \_\_\_\_\_

RECV'D BY: \_\_\_\_\_

**ATTACH COPY OF DEED OR PROOF OF OWNERSHIP TO APPLICATION**