

**CITY OF AFTON
 VARIANCE APPLICATION
 WITH DESIGN REVIEW IN THE HISTORIC DISTRICT**

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		
Email Address: _____					
Make checks payable to: City of Afton					
If multiple variances are necessary from the applicant only one fee is required. However, the deposit fee must be multiplied by the number of variances sought.					
<u>FEES:</u>		<u>Escrow:</u>		TOTAL:	_____
Variance	\$250	Escrow	\$600	DATE PAID:	_____
Design Review	\$50			CHECK #:	_____
				RECVD BY:	_____
ATTACH COPY OF DEED OR PROOF OF OWNERSHIP TO APPLICATION					