

**CITY OF AFTON  
VARIANCE APPLICATION**

**(Reference Sections: 12-55, 12-77, 12-328 12-835, 12-1020, 12-1266, 12-1955, 12-2228)**

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			
_____	_____	_____			
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: <b>City of Afton</b>					
If multiple variances are necessary from the applicant only <b>one</b> fee is required. However, the deposit fee must be multiplied by the number of variances sought.					
<b><u>FEES:</u></b>		<b><u>ESCROWS:</u></b>			
Variance	\$250	\$600	TOTAL:	_____	
Renewal/Extension	\$250	\$350	DATE PAID:	_____	
			CHECK #:	_____	
			RECVD BY:	_____	

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