

CITY OF AFTON

SMALL PROJECT ADMINISTRATIVE PERMIT APPLICATION

Owner	Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	_____
Contractor (if different than owner)	Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	_____
Project Address		AFTON	MN	55001	
PID# or Legal Description	Start Date of Project				
_____	_____				
Description of Project					

The purpose of this permit is to prevent damage to the City's right-of-way, and to know who to contact in case of damage.					
Signature of Owner/Applicant			Date		
_____			_____		
Email Address _____					
Make checks payable to: City of Afton					
<u>FEES:</u>					
\$25.00			TOTAL: _____		
			DATE PAID: _____		
			CHECK #: _____		
			RECV'D BY: _____		