

**CITY OF AFTON**  
**VEGETATIVE CUTTING APPLICATION**

(Reference Section: 153.104 and 157.43)

DON'T FORGET TO CALL DIGGERS HOTLINE, BEFORE YOU CUT!

<u>Owner</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>
<u>Applicant</u> (if different than owner)	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>
<u>Project Address</u>		<b>AFTON</b>	<b>MN</b>	<b>55001</b>	
<u>Zoning Classification</u>	<u>Existing Use of Property</u>	<u>PID# or Legal Description</u>			
<u>Description of Request</u>					
<u>Expected Completion Date</u>					
<p>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.</p>					
<u>Signature of Owner/Applicant</u>					<u>Date</u>
<u>Email Address</u>					
<p>Make checks payable to <b>City of Afton:</b>  <b>**Completion Required to Request Refund**</b></p>					
<b><u>FEES:</u></b>		<b><u>ESCROW:</u></b>			
Veg Cutting*	\$0	ESCROW	\$200	TOTAL:	_____
*Veg Cutting may require an Administrative Permit and/or a revegetation plan				DATE PAID:	_____
*Clear cutting - CUP required (See Zoning Administrator)				CHECK #:	_____
				RECVD. BY:	_____
<b>ATTACH COPY OF DEED OR PROOF OF OWNERSHIP TO APPLICATION</b>					