



City of Farmington
 430 Third Street
 Farmington, Minnesota
 651.280.6800 • Fax 651.280.6899
 www.ci.farmington.mn.us

CONDITIONAL USE PERMIT APPLICATION

Applicant: _____ Telephone: (____) _____ Fax: (____) _____

Address: _____
 Street City State Zip Code

Owner: _____ Telephone: (____) _____ Fax: (____) _____

Address: _____
 Street City State Zip Code

Premises Involved: _____
 Address/Legal Description (lot, block, plat name, section, township, range)

Current Zoning District _____ Current Land Use _____

Specific Nature of Request: _____

SUBMITTAL REQUIREMENTS

- Proof of Ownership
- Application Fee
- Boundary / Lot Survey
- 6 Copies of Site Plan
- Abstract/Residential List (required 350' from subject property)
- Torrens (Owner's Duplicate Certificate of Title **Required**)

Signature of Owner **Date**

Signature of Applicant **Date**

Request Submitted to Planning staff on _____ Public Hearing Set for: _____ Planning Commission Action: _____ Approved _____ Denied City Council Action (if necessary): _____ Approved _____ Denied Comments: _____ _____ Conditions Set: _____ _____ Planning division: _____	For office use only Advertised in Local Newspaper: _____ Fee Paid _____ \$200 – City of Farmington \$46 – Dakota County Recorder _____ _____ Date: _____
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