



**City of Farmington**

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

**PETITION FOR COMPREHENSIVE PLAN AMENDMENT**

**Applicant:** \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Owner:** \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip Code

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

**Current Comprehensive Plan Designation:** \_\_\_\_\_

**Proposed Comprehensive Plan Designation:** \_\_\_\_\_

I understand that a public hearing is required as well as a published notice of hearing, for which I hereby attach payment of the fee in the amount of \$ \_\_\_\_\_, which I understand further will be refunded if no meeting is scheduled.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

<b>For office use only</b>	
Request Submitted to Planning staff on _____	Advertised in Local Newspaper: _____
Public Hearing Set for: _____	
Planning Commission Action: _____ Approved _____ Denied	
City Council Action (if necessary): _____ Approved _____ Denied	
Comments: _____ _____	
Conditions Set: _____ _____	
Planning division: _____	Date: _____
In accordance with Title 10, Chapter 3, Section 12 of the City Code.	