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

PLAT REVIEW APPLICATION

Applicant: _____ Telephone: (___) _____ Fax: (___) _____

Address: _____
Street City State Zip Code

Owner: _____ Telephone: (___) _____ Fax: (___) _____

Address: _____
Street City State Zip Code

Location of Property: _____
Address

Current Zoning District _____ Current Land Use _____

Description of Project: _____

SUBMITTAL REQUIREMENTS (please attach)	**PLAT REVIEW OPTION**
☐ Names, Addresses and Phone numbers of all Owners ☐ Names, Addresses and Phone numbers of Land Surveyor/Engineer ☐ Area Bounded By Description ☐ Total Gross Area	Preliminary & Final Plat: ☐ Together ☐ In Sequence Pre Plat Administrative Fee $_____ ☐ paid Pre Plat Surety $_____ ☐ paid

_____ _____
Signature of Property Owner **Date** **Signature of Applicant** **Date**

Request Submitted to Planning staff on_____
Public Hearing Set for: _____ Advertised in Local Newspaper: _____

Planning Commission Action: _____Approved _____Denied

Comments: _____
_____

Conditions Set: _____
_____

Planning division: _____ Date: _____ 9/06