

9	430 Third St., Farmington, MN 5502
	651-280-6800

FarmingtonMN.gov

CONDITIONAL USE PERMIT APPLICATION

Applicant:	Telep	ohone:	_ Fax:
Address:			
Street	City	State	Zip Code
Owner:	Te	elephone:	Fax:
Address:			
Street	City	State	Zip Code
Premises Involved:			1
		, plat name, section, tow	
Current Zoning District	Cu	rrent Land Use	
Specific Nature of Request:			
SUBMITTAL REQUIREMENT Proof of Ownership			
Proof of Ownership Application Fee Boundary / Lot Survey Signature of Owner	Abstract/Reside Torrens (Owner		of Title Required)
Proof of Ownership Application Fee Boundary / Lot Survey Signature of Owner	Abstract/Reside Torrens (Owner Date	ntial List (required 350' 's Duplicate Certificate Signature of Applican	of Title Required) t Date For office use only
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Proof of Ownership Application Fee Boundary / Lot Survey Signature of Owner Request Submitted to Planning st Public Hearing Set for: Planning Commission Action:	Abstract/Reside Torrens (Owner Date taff on Adve Approv	ntial List (required 350's Duplicate Certificate Signature of Applican ertised in Local Newspa	of Title Required) t Date For office use only per:
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