



430 Third St., Farmington, MN 55024
 651-280-6800
 FarmingtonMN.gov

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

Signature of Owner	Date	Signature of Applicant	Date
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Request Submitted to Planning staff on _____	For office use only
Public Hearing Set for: _____	Advertised in Local Newspaper: _____
Planning Commission Action: _____ Approved _____ Denied	Fee Paid _____
City Council Action (if necessary): _____ Approved _____ Denied	\$250 – City of Farmington
Comments: _____	

Termination: _____	

Planning division: _____	Date: _____
9/10/19	

DRAFTED BY:
 City of Farmington
 430 Third Street
 Farmington, MN 55024