



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

PETITION FOR REZONING APPLICATION

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 Zoning _____ **Proposed Zoning** _____

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

Request Submitted to Planning staff on _____	For office use only
Public Hearing Set for: _____	Advertised in Local Newspaper: _____
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.	9/19