



City of Farmington

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

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

For office use only	
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.	