

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

FILED_

WAIVER OF PLAT APPLICATION

Applicant:	Telephone:		Fax:		
Address:					
Street	City	State	Zip Code		
Owner:	Teleph	none:	Fax:		
Mailing Address:					
Street	City	State	Zip Code		
Surveyor:	Teleph	ione:	Fax:		
Address:					
Street	City	State	Zip Code		
Premises Involved:					
Address/ Legal Description (lot, block,	plat name, section, town	ship, range)		
Property Description:					
Municipal Sewer Available? Yes No Connections In? Yes No					
Have all necessary street dedications been made? Yes No					
Torrens (Owner's Duplicate Certificate of Title Required) Abstract					
Fee paid \$ (\$125.00/staff time)					
Signature of Owner	Date	Signature of Appli	icant Date		
Request Submitted to the Planning Commission on For office use only Public Hearing Set for: Advertised in Local Newspaper:					
Planning Commission Action:Approved		Denied			
City Council Action (if necessary):Approved Comments:		Denied			
Conditions Set:					
Planning division:		Date:			
			10/19		