

Hampton Township

Application for a Conditional Use Permit

23250 Main Street Hampton, MN 55031 (651) 437-4500 FAX 651-437-9212

Date: _____

Name _____

Address _____

Property Location:

Parcel I.D.: _____

Subdivision Name: _____ Lot: _____ Block: _____

Street Address: _____ Legal Description Attached: _____

Current Zoning: _____ Proposed Zoning: _____

Current Plan Designation: _____ Proposed Land Use: _____

Reason for Permit

Agreement:

I am the fee owner or authorized representative of the fee owner of the property for the above proposed request. I understand that there may be property descriptions, property surveys, site plans, building plans, and other information that may be required for submittal in duplicate form before the application is accepted and the public hearing is set. I understand that the application fee is non-refundable. I understand the consulting escrow fee is required to cover the Township's out-of-pocket expenses caused by the review of the application. I understand that this is an escrow only and full payment for consulting fees in excess of the escrow will be required prior to the issuance of any permits or final action on the request. Any unexpended escrow funds will be refunded.

Signature of Landowner: _____

Signature of Applicants: _____

Township Use:

_____ Date Application Complete _____ Date Payment Received

_____ Date Public Hearing Set

Board of Adjustments and Appeals Action: _____ Date: _____

Planning Commission Action: _____ Date: _____

Town Board Action: _____ Date: _____