Hampton Township

Application for an Interim Use Permit 23250 Main Street Hampton, MN 55031 (651) 437-4500 FAX 651-437-9212

Date:	<u> </u>
Name	<u> </u>
Address	
Property Location: Parcel I.D.: Subdivision Name: Street Address: Current Zoning: Current Plan Designation:	Legal Description Attached: Proposed Zoning:
Reason for Permit	
Period of Interim Use: From	To
request. I understand that there may be property d and other information that may be required for sub- accepted and the public hearing is set. I understan- the consulting escrow fee is required to cover the	d that the application fee is non-refundable. I understand Township's out-of-pocket expenses caused by the review ow only and full payment for consulting fees in excess of
Signature of Landowner:	
Signature of Applicants:	
Township Use:Date Application Complete Date Public Hearing Set	Date Payment Received
Board of Adjustments and Appeals Action:	Date:
Planning Commission Action:	Date:
Town Hoard Actions	i jate.