

City of Farmington Application for Planning and Zoning

Permit Number: **PROJECT INFORMATION** Site Areas _____ Lot: ____ (Acres): _____ Project Address: Phone #: Applicant Name: Applicant Address: Phone #: Property Owner(s): Owner Address: **ZONING INFORMATION** Existing Zoning / Use: Proposed Zoning / Use: **Type of Request** __ Variance (\$200) __ Appeal (\$200) ____ Vacate (\$100) Boundary Adjustment (\$100) Planned Unit Development (\$100) ____ Other (\$100) DESCRIPTION OF REQUEST TO BE CONSIDERED COMPLETE AN APPLICATION MUST INCLUDE THE FOLLOWING: 1. THIS FORM SIGNED BY ALL OWNERS OR AUTHORIZED AGENTS. A COPY OF THE DEED FOR THE PROPERTY. (TO ESTABLISH PROPERTY OWNERSHIP) 3. ANY LEGAL PETITIONS APPLICABLE TO THE REQUEST (ANNEXATION OR VACATE) 4. THE REQUIRED PLATS, PLANS, OR SURVEYS (2 HARD COPIES OR MAY BE SUBMITTED ELECTRONICALLY). 5. THE REOUIRED APPLICATION FEE. FEES SHOWN ABOVE ARE FOR APPLICATION ONLY AND ARE TO BE SUBMITTED WITH THE APPLICATION. THERE MAY BE ADDITIONAL COSTS FOR PUBLICATION, NOTICES AND RECORDING OF DOCUMENTS. THESE COSTS WILL BE PAID BY THE APPLICANT AFTER NOTIFICATION FROM CITY STAFF. A LIST OF THE NAMES AND ADDRESSES OF ALL OWNERS OF CONTIGUOUS PROPERTY IS REQUIRED BY ORDINANCE, BUT WILL BE PROVIDED BY CITY STAFF. *PROPOSED PLATS MUST BE APPROVED BY CHOSEN TITLE COMPANY PRIOR TO APPLICATION IF APPLICABLE

Date:

Applicant Signature: