

## TEXT AMENDMENT APPLICATION

Eureka Township / 25043 Cedar Avenue, Farmington MN 55024  
 Phone: (952) 469-3736 / Email: [deputyclerk@eurekatownship-mn.us](mailto:deputyclerk@eurekatownship-mn.us)

<b>SITE INFORMATION</b>   Eureka Township		PIN#		Permit#
Site Address:		City		Zip
<b>PROPERTY OWNER INFORMATION</b>				
Name		Email		Phone
Address		City	State	Zip
Cell Phone		Day Time Phone		Fax
<b>NATURE OF REQUEST</b>				
<p>Application is hereby made to amend the Zoning Ordinance _____, Section _____.</p> <p>Proposed Text:</p>				
<p>Is the text amendment consistent with the Eureka Township Comprehensive Plan? _____Yes or _____No</p>				
<p>Reason for requesting the text amendment (Explain):</p>				

I hereby certify that the information provided in this application is true, correct and complete. I understand that this is an application for a zoning ordinance text amendment only, and that approval does not absolve me from obtaining all other applicable permits, such as land use or building permits. I understand that I shall be responsible for all expenses and outside fees incurred by the Town Board in processing this application; that the Town Board shall require escrow of funds for fees for attorneys, professional services, and/or other outside expenses prior to incurring such costs/ and that I shall be permitted to withdraw this application at any time in writing, but shall not be entitled to refund of escrow funds already expended.

Signature of Applicant:	Date:
Printed name of Applicant:	

### Township Use Only

The property has an existing:       CUP                       IUP                       Nonconforming registration

Applicant is requesting a 60 day extension until: \_\_\_\_\_

**Deputy Clerk:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Complete    **Date:** \_\_\_\_\_                       Incomplete    **Notification sent:** \_\_\_\_\_

Application Fee \$ \_\_\_\_\_ Paid on \_\_\_\_\_ Receipt # \_\_\_\_\_ Check # \_\_\_\_\_

Escrow Fee \$ \_\_\_\_\_ Paid on \_\_\_\_\_ Receipt # \_\_\_\_\_ Check # \_\_\_\_\_

Refunded \$ \_\_\_\_\_ Paid on \_\_\_\_\_ Receipt # \_\_\_\_\_ Check # \_\_\_\_\_

Notes:

**Zoning Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Planning Commission:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Recommendation to Town Board:     Approve                       Deny

Notes:

**Town Board:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved                       Denied

Notes:

#### CONDITIONS OF ISSUANCE

