

## LAND USE / ZONING REQUEST APPLICATION

Eureka Township / 25043 Cedar Avenue, Farmington MN 55024 Phone: (952) 469-3736 / Email: deputyclerk@eurekamn.gov

SITE INFORMATION   Eureka Township	PIN#		Permit#	
Site Address:	City		Zip	
PROPERTY OWNER INFORMATION				
Name	Email			Phone
Address	City		State	Zip
Cell Phone	Day Time Phone		•	Fax
PLEASE INDICATE TYPE OF REQUEST	l			1
☐ Conditional Use Permit (CUP)	□ Non-Conform		g Use	
☐ Interim Use Permit (IUP)	☐ Expansion			
□ Variance	☐ Alteration			
NATURE OF REQUEST				
Specific description of request and reason for request (number and attach additional sheets if necessary):				
Cite the specific ordinance(s) under which you are making your request:  Describe the present use(s) of the property:				
Signature of Applicant:		Da	ate:	
Printed name of Applicant:				



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## **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**