



Castle Rock Township

Since 1858

Dakota County, Minnesota

2537 240th Street West, Farmington, MN 55024

castlerocktownship.com

Public Hearing Application Form

Escrow per Type of Request

\$1,000.00 -Variance/Appeal

\$1,000.00 -Conditional Use Permit

\$1,000.00 -Interim Use Permit

\$10,000.00 -Rezoning/Ordinance Amendment

\$10,000.00 -Comprehensive Plan Amendment

Application Fees:

\$ 50.00 Non-refundable Application Fee

+\$1,000.00 Consulting escrow/Fee

\$1,050.00 Total Application Payment Due

Property Location:

Parcel I.D.: _____

Street Address: _____

Current Zoning: _____

Current Plan Designation: _____

Legal description Attached: _____

Proposed Zoning: _____

Proposed Land Use: _____

Applicant:

Name: _____

Street: _____

City: _____

State: _____ ZIP: _____

Phone/Cell: _____

Email: _____

Fee Owner:

Name: _____

Street: _____

City: _____

State: _____ ZIP: _____

Phone/Cell: _____

Email: _____

Description of Request:

Agreement:

I am the fee owner or authorized representative of the fee owner of the property for the above proposed action. 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 fee owner _____

Date _____

_____ Date Application Completed

_____ Date Payment Received

_____ Date Staff Review Completed

_____ Date Public Hearing Set

Planning Commission Action: _____

Date _____

Town Board Action: _____

Date _____

Board of Adjustments and Appeals Action: _____

Date _____