

AVON TOWNSHIP
16881 Queens Road; Avon, MN 56310

CERTIFICATE OF COMPLIANCE

Name of property owner(s): _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Township _____ Range _____ Section _____ Zoning District _____

Legal description of property to be certified: *(attach if necessary)*

I, _____ (*Chairperson of the Avon Township Board of Supervisors*), hereby certify that the property owner(s), or a designated legal representative, requested necessary action to certify that the above-described property is in compliance with applicable Avon Township ordinances and related documents in effect on the signature date.

I further certify that the Avon Township Board of Supervisors considered this request and the recommendation from the Planning Commission and approve this request as being in compliance with the requirements of Avon Township ordinances and related documents in effect on the signature date, subject to the following conditions:

Approval:

Signature: _____ date: _____
Chair, Avon Township Board of Supervisors

Attest:

Signature: _____ date: _____

Print name/title _____