

**AVON TOWNSHIP**  
16881 Queens Road; Avon, MN 56310

**CERTIFICATE OF COMPLIANCE**

**Name of Property Owner(s)** \_\_\_\_\_

**Property Owner** (*Mailing Address & Contact Information*)

Street/Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip code \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

**Property Location:** Township 125 Range 30 Section \_\_\_\_\_ Zoning District \_\_\_\_\_  
Address (*if different than mailing address*) \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Owner signature** \_\_\_\_\_ **date** \_\_\_\_\_

I, \_\_\_\_\_ (*Chairperson of the Avon Township Board of Supervisors; print name*), 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Township Approval**

Signature \_\_\_\_\_ date: \_\_\_\_\_  
Print \_\_\_\_\_  
Chair or Acting Chair, Avon Township Board of Supervisors

**Attest**

Signature: \_\_\_\_\_ date: \_\_\_\_\_  
Print name/title \_\_\_\_\_