

LAND DEVELOPMENT APPLICATION

For Staff Use Only

Application #: _____

Visit our website at www.rochestermn.gov/planning for submittal requirements and application guides.

Applications can be submitted via email at CommunityDevelopment@rochestermn.gov or in person at our office during business hours (4001 West River Pkwy NW, STE 100, Rochester, MN 55901).

1. PREREQUISITES

Date of Pre-Development Meeting: _____

Date of Neighborhood Information Meeting (if applicable): _____

All submittal requirements included in application (available at <http://www.rochestermn.gov/planning>)?

Yes No

2. APPLICATION TYPE

- | | | |
|--|--|--|
| <input type="checkbox"/> Annexation of Land | <input type="checkbox"/> Growth Management Map Amendment | <input type="checkbox"/> Shoreland Protection Permit |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Site Development Plan |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Interim Use Permit | <input type="checkbox"/> Temporary Permit |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Lot Line Readjustment | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Distinctive Development | <input type="checkbox"/> Major Land Subdivision Permit | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Final Plat | <input type="checkbox"/> Major Modification | <input type="checkbox"/> Zoning Map Amendment |
| <input type="checkbox"/> Floodplain Development Permit | <input type="checkbox"/> Minor Land Subdivision Permit | |
| <input type="checkbox"/> General Development Plan | <input type="checkbox"/> Minor Modification | |

3. SITE LOCATION

Site Address: _____

of Acres: _____ # of Lots: _____

PIN: _____ Lot: _____ Block: _____ Plat Name: _____

4. PROPOSAL DESCRIPTION



5. CONTACTS

Property Owner

Name: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Daytime phone: _____ Cell Phone: _____
Email: _____
Signature: _____ Date: _____

Consultant/Professionals

Name: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Daytime phone: _____ Cell Phone: _____
Email: _____

Applicant – Same as Owner? Yes No

Name: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Daytime phone: _____ Cell Phone: _____
Email: _____
Signature: _____ Date: _____

Additional Contact #1 (optional) – Type of Contact: Applicant Fee Owner

Name: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Daytime phone: _____ Cell Phone: _____
Email: _____

Additional Contact #2 (optional) – Type of Contact: Applicant Fee Owner

Name: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Daytime phone: _____ Cell Phone: _____
Email: _____

