

For Staff Use Only

City of Rochester
4001 West River Parkway NW, STE 100
Rochester, MN 55901-7090

Website: www.rochestermn.gov/cd Email: communitydevelopment@rochestermn.gov

Phone: 507-328-2600

Applications can be submitted via email at

ZONING CERTIFICATE APPLICATION

Application #:	person at	CommunityDevelopment@rochestermn.gov or inperson at our office during business hours (4001 West River Pkwy NW, STE 100, Rochester, MN 55901).		
	A Site Plan is required wit	h this application	on	
SITE LOCATION				
Site Address:				
	State: ZI		PIN:	
PROJECT DESCRIP	TION			
CONTACTS				
	□ Yes □ No, please describ	ə:		
Applicant – Contractor?	□ Yes □ No, please describ			
Name:				
Applicant – Contractor? Name: Mailing Address:	□ Yes □ No, please describ	(City:	
Applicant – Contractor? Name: Mailing Address: State: Zip:	□ Yes □ No, please describ	(C	City:	
Applicant – Contractor? Name: Mailing Address: State: Zip:	☐ Yes ☐ No, please describ Daytime phone:	(C	City:	
Applicant – Contractor? Name: Mailing Address: State: Zip: Email:	☐ Yes ☐ No, please describ Daytime phone:	(C	City:	
Applicant – Contractor? Name: Mailing Address: State: Zip: Email:	☐ Yes ☐ No, please describ Daytime phone:	(C	City:	
Applicant – Contractor? Name: Mailing Address: State: Zip: Email: Property Owner – Same a	☐ Yes ☐ No, please describ Daytime phone:	(Ce	City:ell Phone:	
Applicant – Contractor? Name: Mailing Address: State: Email: Property Owner – Same a Name: Mailing Address:	☐ Yes ☐ No, please describ Daytime phone: as Applicant? ☐ Yes ☐ No	(Ce	City:	

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4. ACKNOWLEDGEMENT & SIGNATURE

I hereby apply for a Zoning Certificate, and I acknowledge that:

- The information above is complete and accurate;
- The work will be in conformance with the ordinances of the City of Rochester and with the Minnesota Building Code;
- This is not a permit, but only an application for a zoning certificate, and work is not to start without proper approval; and
- The work will be in accordance with the approved plan in the case of work, which requires a review and approval of plans.

Property Owner Signature:				
Property Owner Name (print):				
Date:				
	For Office Use Only			
	Zoning Review			
☐ Site Plan Zoning District: _				
Comments:				
Zoning Administrator:	Date:			
☐ \$35 Fee Paid Processed by	y:			



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