

ZONING CERTIFICATE APPLICATION

For Staff Use Only

Application #: _____

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).

****A Site Plan is required with this application****

1. SITE LOCATION

Site Address: _____

City: _____ State: _____ ZIP: _____ PIN: _____

2. PROJECT DESCRIPTION

3. CONTACTS

Applicant – Contractor? Yes No, please describe: _____

Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Daytime phone: _____ Cell Phone: _____

Email: _____

Property Owner – Same as Applicant? Yes No

Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Daytime phone: _____ Cell Phone: _____

Email: _____

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: _____

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Zoning Review

Site Plan **Zoning District:** _____

Comments: _____

Zoning Administrator: _____ **Date:** _____

\$35 Fee Paid **Processed by:** _____

