

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

Website: www.rochestermn.gov/rental Email: rbsrental@rochestermn.gov

Date

Phone: 507-328-2600

## **RENTAL PROPERTY CHANGE OF USE**

Rental Property					
Address	Street Num	ber	Street Name	Suite/Unit #	Zip Code
Owner	Business Name (if applicable):				
	Contact Nar	ne:			
		La	st	First	MI
	Address:	Street Number	Street Name	 9	Suite/Unit #
		City	State		Zip Code
	Phone:		Email:		
Wana na n	Required if owner resides outside local eight county area. Resident agent must reside within listed eight counties.  (Dodge, Fillmore, Goodhue, Houston, Mower, Olmsted, Wabasha, Winona) See Housing Code Chapter 7-9 Sec. 7-9-1 (6)				
Manager	Business Name (if applicable):				
	Contact Nar	ne: La	st	First	MI
	Address:				·
		Street Number	Street Name	9	Suite/Unit #
		City	State		Zip Code
	Phone:		Email:		
Who is completing	g this form?	☐ Owner	☐ Manager		
Type of Change:					
☐ Length o	of Lease ( <i>Ex:</i>	Short-term lease n	ow a long-term lease)	– *MAY REQUIRE 2	ZONING REVIEW
☐ Number	of Units (Ex:	Converting propert	ty from a duplex to a tr	iplex) – *WILL REQI	UIRE ZONING REVIEW
☐ Owner-0	Occupied Stat	us ( <i>Ex: Unit that w</i> a	as previously owner-o	ccupied will now be	rented to a tenant)
☐ Other					
Please describe the	e proposed ch	ange of use:			
What is the <u>total</u> nu	umber of renta	al units?			
After this change of	f use, how ma	ny units will be lon	g-term rentals?	How many will be	short-term rentals?

Signature