

Community Development Department 4001 West River Parkway, Suite 100 Rochester, MN 55901-7090

Phone: 507-328-2600

Email: rbsrental@rochestermn.gov www.rochestermn.gov/departments/building-safety

Vacant Property Restoration Application/Agreement

Per Rochester Code of Ordinances RCO Ch. 7-4-3 through 7-4-9.

Please add extra pages if needed to list additional properties, owned or managed.

Property	Address								
	Type of Property:	Single Famil	y Duplex	Mu	ti-Dwelling; S	pecify Unit Count:			
		Mixed Use	Commerc	ial C	ther:				
	Intent of Restoration	Sell	Occupy	Rent	Demo				
Owner(s)	Company Name							_	
	Name Chief Operating Officer/Owner				First				
	Address								
1	Office/Home phone	Street		City		County	State	Zip code	
	Email address								
Manager	Company Name								
	Name Chief Operating Officer/Owner La	st			Firs	t			
	Address								
		Street		City		County	State	Zip code	
	Office/Home phone				Cell				
	Email address								
Reconstruction	on Information:								
Plumbing Estim		ated Comple	tion Date:		Per	mit:			
Electrical Estim		ated Completion Date:			Per	mit:		_	
Mechanical Estim		ated Completion Date:			Permit:				
Building Esti		nated Completion Date:			Permit:				
Rental Est		timated Completion Date:			License:				
Manager	Owner Signature				Date				