City of Rochester
Building Safety Department
2122 Campus Dr SE, Suite 300
Rochester MN 55904-4744
Phone: (507) 328-2600
Fax: (507) 328-2601
www.rochestermn.gov

HOUSING REGISTRATION Application

Office Use Only (3/05)

App. No._____

Building Address: _____
Number Street Suite/Unit No.

Applicant is: ☐ Owner ☐ Manager ☐ Other (describe) _____

Type of Building
☐ New Usage
☐ Change of Ownership
☐ Owner occupies one unit

☐ Single Family Dwelling ☐ Two Family Dwelling
☐ Apartment Building No. of Units _____
☐ Condominium Unit Do you own other units at the same complex? ☐ Yes ☐ No
If so, address(s) _____
☐ Rooming Units No. of Units _____

Owner(s)

Company Name _____
(If company or LLC, need officer name completed)
Name _____ Date of Birth _____
Last First MI
Name _____ Date of Birth _____
Last First MI
Street Address: _____
City State Zip Code
Mailing Address: _____
City State Zip Code
Phone (_____) _____ Fax (_____) _____
Email _____ Driver's License _____ _____
State License No.

Manager

Company _____ Phone (_____) _____
Name _____
Last First MI
Address _____
City State Zip Code
Email _____ Fax (_____) _____

Fees Due

Housing $_____
Zoning $_____
Transfer fee $_____
Late fee $_____
TOTAL $_____

Zoning Approval
Zoning District _____
Certificate No. _____
Approved by _____
Comments _____

Site Plan _____

I acknowledge that I have completed this application and that the information contained is correct.

_____ _____
Applicant's Signature Date