



CITY OF ROCHESTER
BUILDING SAFETY DEPARTMENT
PLAN REVIEW & PERMIT SERVICES DIVISION
 2122 Campus Drive SE Suite 300
 Rochester, MN 55904
 Phone: 507-328-2600 Fax: 507-328-2601
 Office Hours: Monday – Friday 8 am – 5 pm
buildingsafety@rochestermn.gov
www.rochestermn.gov/BuildingSafety

BUILDING Permit Application

Office Use Only	(06/19)
App. No. _____	

Date _____ Tenant/Building Name _____

Work Site Address _____
 Number _____ Street _____ Suite/Unit No. _____

Subdivision and/or Addition <i>(required only for brand new houses)</i>	Block	Lot	Plat	Parcel

Applicant is: Owner Contractor Other (describe) _____

Owner

Name _____ Phone _____ - _____ - _____
Last First MI

Address _____ Email _____

City _____ State _____ Zip Code _____

Contractor

Company _____ MN Contr. Lic. _____

Phone _____ - _____ - _____ E-mail _____

Name _____
Last First MI

Address _____

City _____ State _____ Zip Code _____

Architect/ Designer

Company _____ MN Registration # _____

Phone _____ - _____ - _____ E-mail _____

Name _____
Last First MI

Address _____

City _____ State _____ Zip Code _____

Permit Type

Residential Commercial Multi-Family

Work Category

New *(for brand new structures only)* Addition *(for adding new square footage only)* Alteration

Project Description

Description of Work _____

No. Dwelling Units _____ No. Stories _____ Square Footage _____

Valuation of Work
(not including land)

Actual total \$ _____ Estimated total \$ _____

I hereby apply for a building permit, and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and Rochester Code of Ordinances Chapter 10-2, Sections 10-2-6 –10-2-9. I understand this is not a permit but only an application for a permit, and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).(Rochester Code of Ordinances Chapter 4-1)

_____ *Applicant's Signature* _____ *Date*

DO NOT WRITE BELOW THIS LINE – Zoning Office Use Only

ZONING REVIEW COMMENTS

Site Plan Zoning District _____ Flood Protection Required _____
 Surveyor's Certificate Flood District _____ Flood Protection Elevation _____

Comments:

Final Zoning Review Required Yes No

Zoning Approved by: _____
Examiner's Signature _____ *Date*

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Comments:

Permit Approved by: _____
Plans Examiner Signature _____ *Date*