City of Rochester
Building Safety Department
4001 West River Parkway NW Ste. 100 Rochester, MN 55901
Phone: 507-328-2600
Office Hours: Monday – Friday 8 am – 5 pm
rbsrental@rochestermn.gov
www.rochestermn.gov/BuildingSafety
www.rochestermn.gov/CitizenAccess

RENTAL PROPERTY Application

Office Use Only (01/20)
Cert. No._____

☐ New Usage ☐ Change of Ownership ☐ Change of Property Manager ☐ Owner Occupies One Unit

Rental Property Address _____
Number Street Suite/Unit No.

Applicant is: ☐ Owner ☐ Manager ☐ Operator or Agent

Type of Building

☐ Single Family Dwelling ☐ Two Family Dwelling
☐ Apartment Building ☐ Number of Units
☐ Condominium Unit ☐ Number of other units owned at this same complex
Address(es) of: _____
☐ Rooming Units ☐ Number of Units

Owner(s) ☐

Business Name: Driver's Lic. #

Name: Date of Birth:
Owner/COO Last First MI dd/mm/yyyy

Adding new ☐
Removing ☐
Primary Contact ☐ yes ☐ no

Address:
Street (PO box or Mail Service not acceptable) City State Zip

Phone: Email:

Manager ☐

Required if owner resides outside 8 county area. Resident agent must reside within listed 8 county area.
(Houston, Winona, Fillmore, Olmsted, Goodhue, Dodge, Mower or Wabasha) See RCO Chapter 7-5 Sec.7-5-1(e)

Adding new ☐
Removing ☐

Business Name:

Name:
Owner/COO Last First MI

Address:
Street (PO box or Mail Service not acceptable) City State Zip

Phone: Email:

Fees Due

Housing	$	($90 per bldg; $30 per unit)	
Zoning	$	(one-time initial fee)	
Transfer Fee	$		
Late Fee	$		
Total	$		

Zoning Approval	
Zoning District	
Certificate No.	
Approved by	
Comments	

I acknowledge that I have reviewed and understand the provisions of this application. I intend to abide by the provisions of RCO Chapter 7 and I will include references to this Chapter and its Sections in any written lease used in renting the property.
I understand that either the owner or manager of record only may escort the Inspectors on the property.

Signature of Owner Date

Signature of Property Manager Date