City of Rochester
Community Development
201 4th Street SE,
Rochester, MN 55904
Phone: (507) 328-2950
Fax: (507) 328-2401
Email: communitydevelopment@rochestermn.gov

Zoning Certificate Application

Office Use Only 07/01/19

Zoning Certificate No. _____

Date: _____

Site Address: _____
Number Street City/State Zip

Applicant: ☐ Owner ☐ Contractor ☐ Other (describe) _____

Project Description: _____

PROPERTY OWNER	
	Name _____ Phone ( ) _____
	Last First MI Work / Residence
	Address _____ Fax ( ) _____
	Number Street
	City _____ State _____ Zip Code _____
	E-Mail: _____

I hereby apply for a Zoning Certificate, and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances of the City of Rochester and with the Minnesota Building Codes; that I understand this is not a permit, but only an application for a zoning certificate, and work is not to start without approval; and that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

Applicant's Signature_____ **Date**____/____/____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

ZONING REVIEW	
	☐ Site Plan Zoning District _____
	☐ Surveyor's Certificate Flood District _____
	Flood Protection Required _____ Flood Protection Elev. _____
	Comments _____
	Zoning Administrator_____ Date____/____/____

ROCHESTER BUILDING SAFETY DEPARTMENT

***** Required information prior to submitting application to Planning Dept. *****

☐ No Comments ***(initial inside 1 of the boxes)*** ☐ Building Permit Required

Comments _____