



City of Rochester, Minnesota

Type III Applications: Require Notification Signs on Property

# Land Development Application

Application No: \_\_\_\_\_

## Type of application

Type I     Type II     Type III - # Signs \_\_\_\_\_

Is this an amendment?    Yes    No

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Appeal                      | <input type="checkbox"/> Rezoning _____ to _____            | <input type="checkbox"/> Incentive Development CUP: <input type="checkbox"/> Prelim <input type="checkbox"/> Final  |
| <input type="checkbox"/> Conditional Use Permit      | <input type="checkbox"/> * Final Plat - # lots _____        | <input type="checkbox"/> Restricted Development CUP: <input type="checkbox"/> Prelim <input type="checkbox"/> Final |
| <input type="checkbox"/> Performance Residential CUP | <input type="checkbox"/> ** Preliminary Plat - # lots _____ | <input type="checkbox"/> Land Use Plan Amendment _____ to _____   |
| <input type="checkbox"/> Design Modification         | <input type="checkbox"/> * Site Development Plan            | <input type="checkbox"/> General Development Plan (name) _____  |
| <input type="checkbox"/> Temporary Use (CUP)         | <input type="checkbox"/> Variance                           | <input type="checkbox"/> Conditional Use Change (Section 61.148)  |
| <input type="checkbox"/> Home Occupation (CUP)       | <input type="checkbox"/> Special District                   | <input type="checkbox"/> PUD Amendment  |
| <input type="checkbox"/> * Metes and Bounds          |   | * relates to GIS Impact & E911 Addressing fees  |
|  |   | ^ relates to Subdivision Review fees  |

## Site Location    Legal description attached

Site Address		# of Acres	
PIN	Lot	Block	Plat name

**Proposal**    *Full documentation must accompany application*

## Complete all applicable sections — Select only ONE person as primary contact

### Applicant

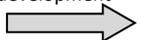
<input type="checkbox"/> Primary contact	Name		E-mail	
	Mailing address		City	State    Zip
	Daytime phone	Cell phone	FAX	
	Typed/printed name		Signature	Date

### Fee Property Owner

<input type="checkbox"/> Primary contact	Name		E-mail	
	Mailing address		City	State    Zip
	Daytime phone	Cell phone	FAX	
	Typed/printed name		Signature	Date

### Consultant

<input type="checkbox"/> Primary contact	Business name		Contact Name	
	Mailing address		City	State    Zip
	Daytime phone	Cell phone	E-Mail	



# Land Development Application

Application No:

**Complete all applicable sections — Select only ONE person as primary contact**

## Additional fee property owners/applicants and addresses

- Applicant  
 Fee Owner

Name	E-mail		
Mailing address	City	State	Zip
Daytime phone	Cell phone	FAX	
Typed/printed name		Signature	Date

- Applicant  
 Fee Owner

Name	E-mail		
Mailing address	City	State	Zip
Daytime phone	Cell phone	FAX	
Typed/printed name		Signature	Date

- Applicant  
 Fee Owner

Name	E-mail		
Mailing address	City	State	Zip
Daytime phone	Cell phone	FAX	
Typed/printed name		Signature	Date

- Applicant  
 Fee Owner

Name	E-mail		
Mailing address	City	State	Zip
Daytime phone	Cell phone	FAX	
Typed/printed name		Signature	Date

### TYPE I APPLICATION ONLY – Building Safety Department Review

**\*\*\* Required information prior to submitting a Type I application to Planning Department \*\*\***

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

Comments:

NOTE: Applications only accepted with ALL required support documents. See Informational Supplement.

#### Deadline for agency action

60 Days: \_\_\_\_\_ 120 Days \_\_\_\_\_  
Predevelopment Meeting Proposed Date: \_\_\_\_\_

#### Shaded areas are for office use only

Received By:	Date:
Reviewed By:	Date:
Development App Fee paid:	\$
* GIS Impact Fee paid:	\$
(Metes & Bounds and Plats)	
* E911 Addressing Fee paid:	\$
(Final Plats, Site Development Plans, Metes & Bounds)	
^ Subdivision Review Fee	\$