ROCHESTER COMMUNITY DEVELOPMENT

Community Development Department
4001 West River Parkway, Suite 100
Rochester, MN 55901-7090
Phone: 507-328-2600
Email: rbsrental@rochestermn.gov
www.rochestermn.gov/departments/building-safety

Vacant Property Restoration Application/Agreement

Per Rochester Code of Ordinances RCO Ch. 7-4-3 through 7-4-9.

Please add extra pages if needed to list additional properties, owned or managed.

Property

Address _____

Type of Property: Single Family Duplex Multi-Dwelling; Specify Unit Count: _____

Mixed Use Commercial Other: _____

Intent of Restoration: ☐ Sell ☐ Occupy ☐ Rent ☐ Demo

Owner(s)

Company Name _____

Name _____
Chief Operating Officer/Owner Last First

Address _____
Street City County State Zip code

Office/Home phone _____ Cell _____

Email address

Manager

Company Name _____

Name _____
Chief Operating Officer/Owner Last First

Address _____
Street City County State Zip code

Office/Home phone _____ Cell _____

Email address

Reconstruction Information:

Plumbing	Estimated Completion Date: _____	Permit: _____
Electrical	Estimated Completion Date: _____	Permit: _____
Mechanical	Estimated Completion Date: _____	Permit: _____
Building	Estimated Completion Date: _____	Permit: _____
Rental	Estimated Completion Date: _____	License: _____

☐Manager ☐Owner Signature _____ Date _____