ROCHESTER COMMUNITY DEVELOPMENT

City of Rochester
4001 West River Parkway NW, Suite 100
Rochester, MN 55901-7090

Website: www.rochestermn.gov/rental
Email: rbsrental@rochestermn.gov
Phone: 507-328-2600

RENTAL PROPERTY CHANGE OF USE

Rental Property Address	_____ Street Number Street Name Suite/Unit # Zip Code
Owner	Business Name (*if applicable*): _____ Contact Name: _____ Last First MI Address: _____ Street Number Street Name Suite/Unit # _____ City State Zip Code Phone: _____ Email: _____
Manager	***Required if owner resides outside local eight county area. Resident agent must reside within listed eight counties.*** (Dodge, Fillmore, Goodhue, Houston, Mower, Olmsted, Wabasha, Winona) *See Housing Code Chapter 7-9 Sec. 7-9-1 (6)* Business Name (*if applicable*): _____ Contact Name: _____ Last First MI Address: _____ Street Number Street Name Suite/Unit # _____ City State Zip Code Phone: _____ Email: _____
Who is completing this form? ☐ Owner ☐ Manager	

Type of Change:

☐ Length of Lease (*Ex: Short-term lease now a long-term lease*) – *MAY REQUIRE ZONING REVIEW

☐ Number of Units (*Ex: Converting property from a duplex to a triplex*) – *WILL REQUIRE ZONING REVIEW

☐ Owner-Occupied Status (*Ex: Unit that was previously owner-occupied will now be rented to a tenant*)

☐ Other

Please describe the proposed change of use:

_____

_____

_____

What is the **total** number of rental units? ____

After this change of use, how many units will be long-term rentals? ____ How many will be short-term rentals? ____

_____ _____
Signature Date