ROCHESTER COMMUNITY DEVELOPMENT

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

Website: www.rochestermn.gov/cd
Email: communitydevelopment@rochestermn.gov
Phone: 507-328-2600

ZONING CERTIFICATE APPLICATION

For Staff Use Only

Application #: _____

Applications can be submitted via email at CommunityDevelopment@rochestermn.gov or in-person at our office during business hours (4001 West River Pkwy NW, STE 100, Rochester, MN 55901).

****A Site Plan is required with this application****

1. SITE LOCATION

Site Address: 2107 West Frontage Road

City: Rochester State: MN ZIP: 55901 PIN: _____

2. PROJECT DESCRIPTION

Fencing off area as marked by red on the attached Survey Report with a four feet high chain link fence.

3. CONTACTS

Applicant – Contractor? ☐ **Yes** ☑ **No, please describe:** _____

Name: Jas Singh

Mailing Address: 1244 Canterbury Rd S City: Shakopee

State: MN Zip: 55379 Daytime phone: _____ Cell Phone: 571-439-0499

Email: jas@multistarhotels.com

Property Owner – Same as Applicant? ☑ **Yes** ☐ **No**

Name: _____

Mailing Address: _____ City: _____

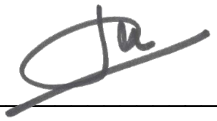
State: _____ Zip: _____ Daytime phone: _____ Cell Phone: _____

Email: _____

4. ACKNOWLEDGEMENT & SIGNATURE

I hereby apply for a Zoning Certificate, and I acknowledge that:

- The information above is complete and accurate;
- The work will be in conformance with the ordinances of the City of Rochester and with the Minnesota Building Code;
- This is not a permit, but only an application for a zoning certificate, and work is not to start without proper approval; and
- The work will be in accordance with the approved plan in the case of work, which requires a review and approval of plans.

Property Owner Signature: 

Property Owner Name (print): Jas Singh

Date: 11-19-24

For Office Use Only

Zoning Review

☐ **Site Plan** **Zoning District:** _____

Comments: _____

_____

Zoning Administrator: _____ **Date:** _____

☐ **$35 Fee Paid** **Processed by:** _____