

COUNTY OF OLMSTED
PLANNING DEPARTMENT
 2122 Campus Drive SE, Suite 100
 Rochester, MN 55904-4744
 Ph: (507) 328-7100
 Fax: (507) 287-2275



Zoning Certificate Application

Office Use Only	8/11/05
ZC NO. _____	

Date: _____

Site Address: _____

Number	Street	City/State	Zip
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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 Olmsted County 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	<input type="checkbox"/> Site Plan	Zoning District _____
	<input type="checkbox"/> Surveyor's Certificate	Flood District _____
	Flood Protection Required _____	Flood Protection Elev. _____
	Comments _____	
Zoning Administrator _____		Date ____/____/____