Application Number:_____
Related Records:_____

Olmsted County Planning Department
2122 Campus Dr SE, Suite 100
Rochester, MN 55904
P: 507-328-7100 F: 507-328-7958
planningweb@olmstedcounty.gov

ZONING CERTIFICATE APPLICATION

Site Location

Township: ◯ Eyota ◯ Marion ◯ Oronoco ◯ Quincy

Site Address: _____

Parcel Number: _____

Project Description

Describe project in detail: _____

_____

Applicant

Applicant (select one): ◯ Property Owner ◯ Contractor/Professional ◯ Other (describe): _____

Full Name: _____ Phone: _____ Email: _____

Mailing Address: _____

Property Owner

☐ Same as above

Full Name: _____ Phone: _____ Email: _____

Mailing Address: _____

Acknowledgement and Signature

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 Signature: Date: _____

Zoning Review – For Office Use Only

Site Plan Zoning District_____ Shoreland

Flood District_____ Flood Protection Elev. _____

Comments: _____

_____

Zoning Administrator: _____ Date: _____