

**CITY OF ROCKFORD  
PLANNING AND ZONING APPLICATION**

6031 Main Street Rockford, MN 55373

763-477-6565 763-477-4393 FAX Web Address: [www.cityofrockford.org](http://www.cityofrockford.org)

1. Property location (address and legal description): \_\_\_\_\_  
\_\_\_\_\_

2. Owner(s): \_\_\_\_\_

3. Applicant name (if different from owner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (business): \_\_\_\_\_

4. Action requested: \_\_\_\_\_ Required Fee at Time of Application: \_\_\_\_\_

_____ *Preliminary Plat	\$20/acre or \$1,000.00, whichever is greater
_____ PUD Concept Plan	\$300
_____ *Final Plat	None
_____ Revised Final Plat	\$500
_____ Conditional Use Permit/Interim Use	\$200 Residential/\$300 Commercial
_____ Site Plan	\$300
_____ Variance	\$200
_____ Rezoning	\$300
_____ Land Alteration	\$200
_____ Land Consolidation/Division	\$300
_____ Comprehensive Plan Amendment	\$300
_____ Permitted Home Occupation	\$ 30
_____ Standard Detail Plates	\$75
_____ Annexation	\$100 for property less than 2 acres the fee increases with larger parcels according to the fee required for filing the annexation with the State Office of Administration.
_____ Escrow	(see escrow form)
_____ Other _____	

\*Action requested will require a Park Dedication fee paid prior to development.

5. Brief Description of Request (attach additional information if needed):  
\_\_\_\_\_  
\_\_\_\_\_

***I understand that the application will be processed after review by staff for completion of the information submitted to determine if any other data is needed.***

***I agree to post an escrow with the City to fund expenses incurred by the City in processing this request. I understand and agree that all City incurred professional fees and expenses associated with the processing of this request are the responsibility of the property owner and must be promptly paid by the property owner upon billing by the City in the event the escrow fund is depleted. If payment of the City incurred expenses is not received from the property owner, the property owner acknowledges and agrees to be responsible for the unpaid fee balance either by direct payment or a special assessment against the property. Further, the property owner authorizes the City to special assess all unpaid fees against the property that is the subject of this application.***

**PLEASE NOTE THAT THIS APPLICATION MUST BE SIGNED BY THE APPLICANT AND 100% OF THE PROPERTY OWNERS OF THE PROPERTY SUBJECT TO THE APPLICATION.**

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

(Attach list if more  
signatures are required)

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

App # \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Escrow Paid: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date Accepted: \_\_\_\_\_