



**CITY OF MONTICELLO**  
 Community Development  
 505 Walnut Street, Suite 1  
 Monticello, MN 55362  
 (763) 295-2711 • [info@ci.monticello.mn.us](mailto:info@ci.monticello.mn.us)

**Change in Use or  
 Occupancy Form**

Name of Proposed Business: (DBA) \_\_\_\_\_

Legal Name of Proposed Business (if different): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Address of Business: \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Expected Opening Date: \_\_\_\_\_ Space Size (Square Feet): \_\_\_\_\_

How was the space previously used? \_\_\_\_\_

How will you use the space? \_\_\_\_\_

NAICS Code \_\_\_\_\_ Number of Employees: Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Are you installing any signage? \_\_\_\_\_ If yes, please describe type: \_\_\_\_\_

Are you planning on having any outdoor storage? \_\_\_\_\_

Are you making any structural or other improvements within the space? \_\_\_\_\_

If yes, please describe the improvements: \_\_\_\_\_

*Please attach site plans, sketches, photos, or other information to help us better understand the use.*

*Please note that building, land use and/or sign permits or other licensing may apply based on use.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**-Staff Use Only-**

Date Received: \_\_\_\_\_ Date Reviewed/Approved: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Involved Staff:

Licenses/Permits/Reviews Required:

Building Inspector

\_\_\_\_\_

City Clerk

\_\_\_\_\_

Community Development/Planning

\_\_\_\_\_

Public Works

\_\_\_\_\_

Fire Department

\_\_\_\_\_



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**Change in Use or  
Occupancy Review**

COMMENTS:

**Community Development/Zoning**

**Building Safety & Code Enforcement**

**City Clerk**

**Public Works**

**Fire Department**