

**Application Form
Intentional
Community**

**Housing Inspections Services
Regulatory Services**
250 South 4th Street – Room 300
Minneapolis, MN 55415
Office 612-673-3000 or 311
Fax 612-370-3699
TTY 612-673-2157
www.minneapolismn.gov/inspections

Office Use Only

Registration # _____

Inspector Initials _____ Date _____



INTENTIONAL COMMUNITY REGISTRATION APPLICATION

INTENTIONAL COMMUNITY INFORMATION

INTENTIONAL COMMUNITY NAME

PROPERTY ADDRESS (INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL)

OWNERSHIP TYPE
 Rental Business Cooperative Non-profit Other

BUILDING TYPE
 1 to 3 units (single family, duplex, triplex) 4 units (fourplex) Other (5 or more units)

BUILDING GROSS SQUARE FOOTAGE	CURRENT NUMBER OF OCCUPANTS	MAXIMUM EXPECTED NUMBER OF OCCUPANTS
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ADDITIONAL REQUIREMENTS
please attach the following with your application

- An interior floor plan of the intentional community. The floor plan must include a diagram of spaces within the structure, including bedrooms, bathrooms, and common spaces
- If applicable, a cooperative registration number or other legal documentation establishing the existence of the intentional community
- If applicable, any lease agreement

APPLICANT and/or OWNER

please provide contact information for a representative who resides at the property, and for the owner of the property if it is a rental property

REPRESENTATIVE NAME	PHONE
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EMAIL ADDRESS

IF RENTAL: OWNER or BUSINESS NAME

IF RENTAL and BUSINESS: REPRESENTATIVE OF BUSINESS	PHONE
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I affirm by my signature below that the representative member of the intentional community listed above is in compliance with the regulations outlined in Minneapolis Code of Ordinances 244.820. I understand that failure to comply with any of these standards and/or conditions shall be adequate grounds for the denial, refusal to renew, revocation, or suspension of this intentional community registration. I affirm that rooming houses as defined by Minneapolis Code of Ordinances 244.40 are not a permitted use in the city of Minneapolis.

I understand that all correspondence sent from the Department of Regulatory Services will be sent to the representative of the intentional community, and that if the representative ceases residence in the intentional community, the registration must be updated with a current representative member.

REPRESENTATIVE SIGNATURE _____ DATE _____ Subscribed and sworn to before me on ____ of _____, 20____. Notary Public, _____ County _____ Notary Stamp	OWNER SIGNATURE _____ DATE _____ Subscribed and sworn to before me on ____ of _____, 20____. Notary Public, _____ County _____ Notary Stamp
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