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ROSEVILLE
COMMUNITY DEVELOPMENT
2860 Civic Center Drive • Roseville, MN 55113
Phone: (651) 782-7025 • Fax: (651) 782-3070

**OPEN HOUSE ADDRESS LIST
REQUEST FORM**

City Code Section 109.07
www.ci.roseville.mn.us

This is not a Land Use Application and does not initiate the review timeline mandated in MN Stat. 15.08.

1. Property Owner Information:
 Company name: _____
 Last name: _____ First name: _____
 Address: _____ City/State/Zip: _____
 Phone number: _____ Email address: _____

2. Applicant Information: (if different from above)
 Company name: _____
 Last name: _____ First name: _____
 Address: _____ City/State/Zip: _____
 Phone number: _____ Email address: _____


3. Address(es) of Property Involved: (if different from above)

4. Purpose of Open House: Comp. Plan Map Change Interim Use Rezoning

5. Description of Proposal:

6. Additional Information: Provide a sketch plan or site plan with this request form illustrating the intended uses and their general placement on the property involved, along with any other information that would be useful in the consideration of the project or use being proposed.

7. Signature: _____ **Date:** _____



MINISTRY OF LABOUR, HOME AFFAIRS AND PUBLIC SAFETY
**Bermuda Immigration
Application Form**

Refer to the checklist accompanying this form which details sections to be completed and additional documents required to process this application.

NAME OF EMPLOYEE OR RESIDENT: Mr. Mrs. Miss. Ms. FIRST _____ MIDDLE _____ LAST _____

DATE OF BIRTH: DD / MM / YY **NATIONALITY:** _____ **NUMBER OF DEPENDANTS:** _____

REQUEST PERMIT: (tick box where appropriate)

COMPLETE SECTIONS OF THIS FORM INDICATED IN BRACKETS

<input type="checkbox"/> Request for Landing permit	<input type="checkbox"/> Part-Time Tutor (Section 1) <small>(No more than 9 hrs / Week)</small>
File Number _____	<input type="checkbox"/> Part-time occasional model <small>(No more than a 100 hrs per year) (Section 1)</small>
Date of Travel DD / MM / YY	<input type="checkbox"/> Permission to Reside and Seek Employment (Sections 2 to 5, plus 7 & 9)
Return Date DD / MM / YY	<input type="checkbox"/> Permission to Reside and Attend School / College (Sections 2 to 5, plus 7 & 9)
Flight Number _____	<input type="checkbox"/> Dependent Re-entry for a spouse or child of a work permit holder (Sections 2, 5 & 9)
<input type="checkbox"/> Standard Work Permit (Sections 1 to 6 plus 9)	<input type="checkbox"/> Request for a letter for a spouse of a Bermudian or Permanent Resident (Sections 2 to 5 & 8)
<input type="checkbox"/> Temporary Work Permit (Section 1)	<input type="checkbox"/> Request for the renewal of a letter for spouse of a Bermudian or Permanent Resident (Sections 2, 4 & 8)
Purpose _____	<input type="checkbox"/> Permission to Reside on an Annual Basis (Sections 2 to 5, plus 7 & 9)
<input type="checkbox"/> Permission in Principle (Section 1)	<input type="checkbox"/> Permission for a Partner to reside on an Annual Basis (Sections 2 to 5, plus 7 & 9)
<input type="checkbox"/> Periodic Work Permit (Sections 1 to 3 plus 9)	<input type="checkbox"/> Permission for a Partner to Reside and Seek Employment (Sections 2 to 5, & 7 & 9)
<input type="checkbox"/> Letter of Permission (Section 1) [Not-for-profit Organizations]	<input type="checkbox"/> Residential Certificate (Sections 2 to 5, plus 7 & 9)
<input type="checkbox"/> Job Title Change (Sections 1, 2 & 6 plus 9)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Company Name Change (Section 1)	
<input type="checkbox"/> Promotion / Job Category Change (Sections 1, 2 & 9 plus 9)	
<input type="checkbox"/> Short Term Entertainer / Sports Person (Section 1) [No more than 15 Days]	
<input type="checkbox"/> Part-Time Domestic (Section 1) [No more than 9 hrs / Week]	
<input type="checkbox"/> Shared child care worker for an additional child (Section 1)	



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