



City of Rochester, New York
 Department of Neighborhood
 and Business Development, Room 121B
 30 Church Street - Rochester, New York 14614

Certificate of Occupancy Application (Office Use Only)

Case No. _____ Legal Use _____
 Permit No. _____ CZC No. _____
 C of O No. _____
 Inspect Date: _____

1. BUILDING INFORMATION

Address: _____ [] Garage (# of cars) _____ [] Shed
 Is the property vacant: [] Yes [] No Vacancy Date: From _____ To _____
 Final C of O shall read as follows: _____

2. BUILDING OWNER'S REGISTRY INFORMATION The following information is required per §90-20 of the City of Rochester Code.

Property Owner:

Property Maintenance Contact:

Name _____	Name: _____ (Must be a Natural Person)
Address _____ (Cannot be a PO Box)	Address: _____ (Cannot be a PO Box)
Zip _____ Phone: _____	Zip _____ Phone: _____

3. INSPECTION APPROVAL/DISAPPROVAL (check one)

[] I, _____, am the owner/agent of the above referenced property. I have retained legal custody and control over the property to have it inspected. I do agree and consent to allow the City to inspect the property in its entirety as part of the City requirement for a Certificate of Occupancy. Inspection permission includes the initial inspection, any and all necessary reinspection and audit inspections until such time as a Certificate of Occupancy is issued. I voluntarily and without any fear, threats, or promises consent to the inspections referenced above.

[] I do not consent to have my property inspected by the City of Rochester and I understand that the City of Rochester may make an application for an administrative inspection warrant which may cause a delay in processing the application for a Certificate of Occupancy.

4. APPLICANT INFORMATION [] OWNER [] AGENT

The applicant acknowledges that the information contained in this application is true to the best of their knowledge.

Applicant _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Applicant Signature _____ Date _____ Mail C of O To: [] Owner [] Applicant

OFFICE USE ONLY

5. CAUSE

[] New [] Alteration [] Change Use [] Transfer [] Reoccupation [] Partial _____
 [] Renewal [] Other _____ Posting Occupancy: _____
 Construction Type: _____ No. Stories: _____ Sprinkler System: Yes [] No []

FEE _____ If Paid By: _____

6. ZONING APPROVAL

Conditions of the following special approvals shall be stated on the final C of O:

Zoning Approval _____ Date _____