

Certificate of Occupancy Exemption Application (One and Two Family Dwellings)

PROPERTY ADDRESS:		
PROPERTY OWNER'S NAME:		
PROPERTY OWNER'S PHONE:		
I, the owner of the above listed one or two family dwelling h	ereby swear that:	
I (myself) my spouse my child	my parent	my sibling
occupy(ies) the above property as a primary residence and Certificate of Occupancy requirement.	therefore I qualify for an e	exemption from the
Occupant's name:	he owner)	
I have provided the following as proof of relation and residency (proof of both is required):		
PROOF OF RELATION:		
Birth Certificate Marriage License Other or Owner Occupied		
PROOF OF RESIDENCY:		
I have attached a postmarked utility bill or account or to the above named qualifying relative at the se days. NOTE-WE CANNOT ACCEPT MAIL FROM T	ubject property which wa	s mailed within the last 30
I further attest to the following (both are required):		
The unit(s) have working smoke alarms in all of to outside each sleeping area, and on every floor with but not uninhabitable attics.		
The unit(s) have a working carbon monoxide a sleeping area	larm in hallways within <i>′</i>	15 feet of the lowest level
I hereby swear that the above information is true to the best	of my knowledge:	
Owner's Signature	Date	
Submit in person or mail completed form along with proof to:	The Bureau of Buildings & Compliance Room 028B, 30 Church Street Rochester, New York 14614 www.cityofrochester.gov	

