



City of Rochester, NY

ADMINISTRATIVE APPEALS AND REFERRALS

BUREAU OF PLANNING AND ZONING
CITY HALL, 30 CHURCH STREET, ROOM 125B
ROCHESTER, NEW YORK 14614

APPLICATION

APPLICATIONS ARE ACCEPTED BY APPOINTMENT ONLY. See below for contact information.

The appeal of the following shall be made within <u>60 days</u> of the decision.	Contact	Fee
1. ___ Administrative Adjustment 2. ___ Certificate of Nonconformity 3. ___ Interpretation 4. ___ Certificate of Zoning Compliance	Jill Symonds (585) 428-7364 jill.symonds@cityofrochester.gov	\$100
The referral or appeal of the following shall be made within <u>30 days</u> .		
1. ___ Site Plan Review 2. ___ Modifications to a Cluster Development	Jill Wiedrick (585) 428-6914 jill.wiedrick@cityofrochester.gov	No Fee

Office Use	<u>APPLICATION REQUIREMENTS:</u>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Two (2) copies of this application. 2. One (1) copy of all information or documentation supporting and relating to your application. 3. Fee, if applicable.

1. PROJECT ADDRESS(ES): _____

2. FILE NUMBER, IF APPLICABLE: _____ 3. DATE DECISION ISSUED: _____

4. APPLICANT: _____ COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

5. REASON FOR APPEAL (attach additional sheets, if necessary): _____

APPLICANT: I certify that the information supplied on this application is complete and accurate.

SIGNATURE: _____ **DATE:** _____