City of Rochester, NY

[FOR OFFICE USE ONLY]	
FEE: _____	FILE NUMBER: _____
CHECKED BY: _____	DATE: _____

RESUBDIVISION
Minor Transfers of Land and Lot Combinations

BUREAU OF BUILDINGS AND ZONING
CITY HALL, 30 CHURCH STREET, ROOM 125-B
ROCHESTER, NEW YORK 14614
(585) 428-7043

INSTRUCTIONS TO APPLICANT

Applications **MUST** be submitted by appointment. Please contact Mary Kerr by phone at (585) 428-6590 or by email at mary.kerr@cityofrochester.gov.

Office Use	APPLICATION REQUIREMENTS and INSTRUCTIONS:
☐	1. Two (2) copies of this completed application.
☐	2. Obtain two (2) copies a Tax Map showing all of the parcels involved from Maps & Survey, City Hall, Room 225B. They will assist you in preparing this application and the required map.
☐	3. Two (2) sets of City Tax Certificates for each of the parcels showing that the taxes are paid in full for the current tax season. City Treasurer, City Hall, Room 100A.
☐	4. Two (2) sets of County Tax Certificates for each of the parcels showing that the taxes are paid in full for the current tax season. County Treasurer, County Office Building, 39 W. Main Street, Room B-2.
☐	5. Fee: $50.00.

1. APPLICANT: _____ **COMPANY NAME:** _____

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

PHONE: _____ **FAX:** _____

E-MAIL ADDRESS: _____

INTEREST IN PROPERTY: Owner ☐ **Lessee** ☐ **Other** _____

2. OWNER: _____

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

PHONE: _____ **FAX:** _____

E-MAIL ADDRESS: _____

3. PROPERTY ADDRESS(ES) **CITY TAX ACCT. NO.**

4. **The parcel(s) is/are presently held by the owner under deed(s) recorded in the Monroe County Clerk's Office as follows:**

Date: _____ Liber: _____ Page: _____

Date: _____ Liber: _____ Page: _____

5. **ZONING DISTRICT (SEE ZONING MAP) _____**

6. **ARE THERE BUILDINGS OR IMPROVEMENTS ON THE PARCEL(S)? YES ___ NO ___**

ADDRESS(S) TYPE OF BUILDING (single family, garage, etc.)

_____

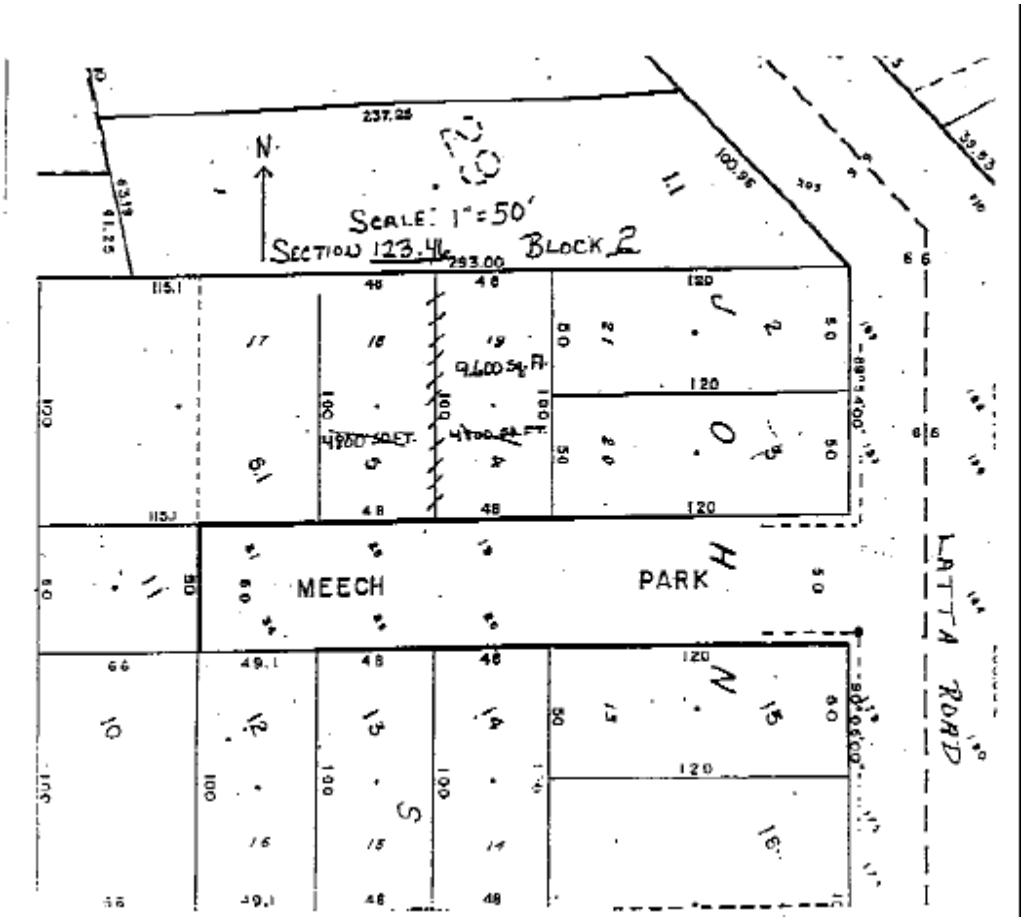
_____

_____

APPLICANT: I certify that the information supplied on this application is complete and accurate, and that the project described, if approved, will be completed in accordance with the conditions and terms of that approval.

SIGNATURE:_____ DATE: _____

OWNER (if other than above): I have read and familiarized myself with the content of this application and do hereby consent to its submission and processing.

SIGNATURE:_____ DATE:_____

SAMPLE MAP