



### **CERTIFICATE OF OCCUPANCY FEES**

<b>TYPE OF PROPERTY</b>	<b>FEE</b>
Single Family Dwelling	\$60
Two Family Dwelling	\$80
Multiple Dwellings with 3, 4, or 5 dwelling units or Rooming House	\$100
Multiple Dwellings with more than 5 dwelling units	\$100 + \$10 for each unit over 5 (maximum \$200)
Mixed Use Buildings (contains at least one non-residential tenant space and at least one or more dwelling unit	\$100 + \$10 for each commercial or residential unit over 5 (maximum \$200)

- **Checks or money orders only, payable to: “City Treasurer”;** staple or paperclip to application.
- **Put completed application and attached payment in an envelope provided by drop box and check “C of O Documents”**
- **Place envelope in drop box in Permit Office (can also to mail to us at address on application)**
- **You will be mailed an appointment time and date.**
- **Any questions, please email us at: [cofo@cityofrochester.gov](mailto:cofo@cityofrochester.gov) or call 428-6520**





**City of Rochester, New York**  
 The Bureau of Buildings & Compliance  
 Room 028B, 30 Church Street  
 Rochester, New York 14614  
 www.cityofrochester.gov

**Certificate of Occupancy Application (Office Use Only)**

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

**1. BUILDING INFORMATION:**

Address: \_\_\_\_\_ Garage (# of cars) \_\_\_\_\_ Attached or Detached (circle)  
 Is the property vacant: [ ] Yes [ ] No If yes, date vacancy began: \_\_\_\_\_

**2. APPLICANT INFORMATION:** [ ] Owner [ ] Tenant [ ] Agent

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

Applicant name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3. BUILDING OWNER'S REGISTRY REQUIRED \* :** (required per §90-20 of the City Code)

<p><b>a. PROPERTY OWNER:</b>  <input type="checkbox"/> Check if same as applicant above          Name: _____          Address: _____  <small>(Cannot be a PO Box) (include City or Town)</small>          Zip: _____ Phone: _____</p>	<p><b>b. PROPERTY MAINTENANCE CONTACT:</b> (check if same as:)  <input type="checkbox"/> Owner <input type="checkbox"/> Applicant (check both if applicable)          Name: _____  <small>(Must be an actual person)</small>          Address: _____  <small>(Cannot be a PO Box) (include City or Town)</small>          Zip: _____ Phone: _____</p>
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\* Failure to provide the above information will result in a violation per §90-20 of the City Code.

**4. INSPECTION CONSENT: (must 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 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.

**5. APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

----- OFFICE USE ONLY -----

CAUSE: [ ] New [ ] Alteration [ ] Change Use [ ] Transfer [ ] Reoccupation [ ] Renewal [ ] Partial \_\_\_\_\_  
 Posting Occupancy: \_\_\_\_\_ Construction Type: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Sprinkler System: Yes [ ] No [ ]  
 Final C of O shall read: \_\_\_\_\_

BLDG. CODE APPROVAL: \_\_\_\_\_

FEE: \_\_\_\_\_ If Paid By: \_\_\_\_\_  
**PENALTY FEE APPLIES AFTER DATE ABOVE**

**ZONING APPROVAL:** \_\_\_\_\_ Date: \_\_\_\_\_  
 List any conditions of zoning approval which shall be stated on the final C of O:  
 \_\_\_\_\_  
 \_\_\_\_\_