



# SELF-SERVE PERMITTING INSTRUCTIONS

## ADDITIONS/NEW CONSTRUCTION

### HELPFUL INFORMATION:

- Your request is subject to compliance with both the NY State Building Code and the City Zoning Code, and each code may regulate your request differently.
- Additions or new construction of commercial properties, nonconforming buildings or uses and those located in Preservation Districts likely will require additional Zoning review.
- Plans prepared by a licensed design professional may be required.
- Plumbing and electrical work requires separate permits.

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### MINIMUM SUBMISSION REQUIREMENTS:

- ✓ Completed permit application (attached)
- ✓ Instrument Survey Map showing proposed construction (see attached)
- ✓ Construction drawings (includes structural framing plans)
- ✓ Insurance Certificates (see attached)
- ✓ Complete C of O application (attached)

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**HOW TO SUBMIT:** Your completed permit application package can be submitted by:

- Email: [zoning@cityofrochester.gov](mailto:zoning@cityofrochester.gov)
- In person Monday, Wednesday, Friday 9am - 4pm only
- **Closed to walk-ins Tuesdays and Thursdays**
- Drop box provided at City Hall A Building lobby
- Mail: The Bureau of Zoning & Permitting  
30 Church Street, Room 121B  
Rochester, NY 14614

If you have questions, email: [zoning@cityofrochester.gov](mailto:zoning@cityofrochester.gov) or call (585) 428-7043 for additional instructions. **Incomplete application submissions will be returned.**  
Thank you.





# BUILDING PERMIT APPLICATION and ZONING COMPLIANCE REQUEST

PROPERTY ADDRESS: \_\_\_\_\_

USE:  RESIDENTIAL (1 or 2 Family)  COMMERCIAL  MIXED USE

## APPLICANT INFORMATION:

YOUR NAME: \_\_\_\_\_ YOUR PHONE NUMBER: \_\_\_\_\_  
(not a company name)

YOUR EMAIL ADDRESS: \_\_\_\_\_

YOUR MAILING ADDRESS: \_\_\_\_\_

### PROPERTY OWNER:

Check if same as applicant above

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Cannot be a PO Box) (include City or Town)

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### CONTRACTOR: (check if same as:)

Owner  Applicant (check both if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Cannot be a PO Box) (include City or Town)

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

ARCHITECT: \_\_\_\_\_  
OR ENGINEER

## PERMIT REQUEST:

DESCRIPTION: \_\_\_\_\_

ADDITION/NEW CONSTRUCTION  INTERIOR RENOVATIONS  EXTERIOR RENOVATIONS

CHANGE/ESTABLISH USE  DECK  POOL/HOT TUB  SHED/GARAGE/CARPORT

HVAC/MECHANICAL/ELECTRICAL SYSTEMS  OTHER: \_\_\_\_\_

PROJECT COST ESTIMATE: (excluding plumbing & electrical) \$ \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## **Additions Permits**

### **Drawings/Framing plans**

#### **Construction and Addition**

1. Construction drawing: should include the following and be drawn to scale (1/4" per foot preferred) – Plan view (overhead), Elevations of all sides and Cross section/vertical slice (side view) with dimensions and notes of all materials:
  - a. Include title block with project location (address) & contact phone # on plan.
  - b. Existing conditions with orientation and connections to existing house (key plan)
  - c. Layout of addition – rooms labeled, dimensions, window and door locations
  - d. Footer / Foundation Wall details & dimensions
  - e. Floor joist framing size & on center spacing
  - f. Girders and Beam size and spans and post supports, as applicable
  - g. Wali Framing size & on center spacing
  - h. Header size and spans over all openings (window & door)
  - i. Rafters & ceiling size & on center spacing
  - j. Width, length & roof pitch, and connection with house
  - k. Fasteners & attachments – as applicable
  - l. Plumbing fixtures layout & types – as applicable
  - m. Smoke & carbon monoxide alarms layout & locations – as applicable
  - n. Energy code compliance – label insulation values for all cavities and surfaces and for exterior doors & windows (blower door test – as applicable)

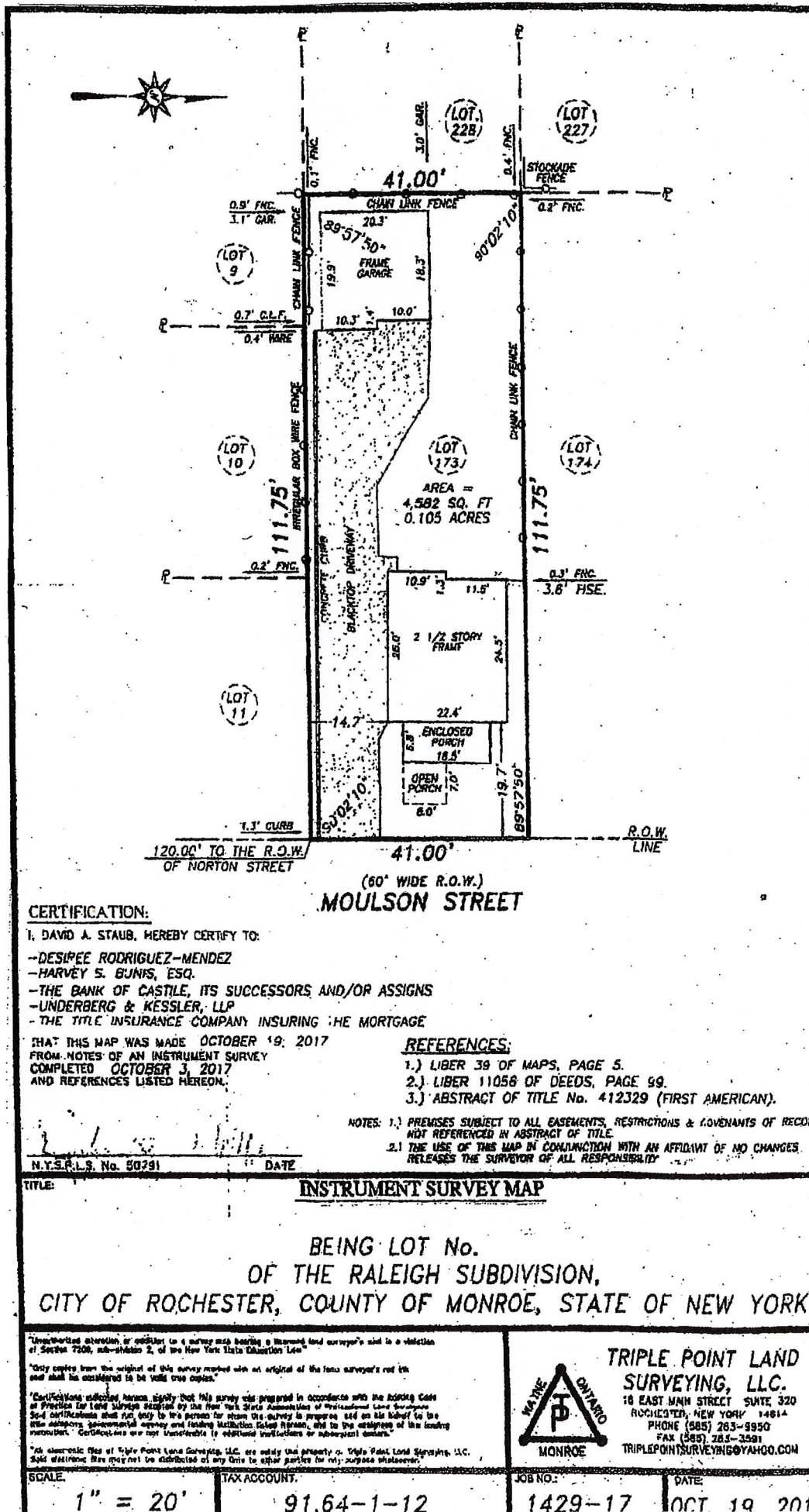
#### **Addition Code requirements:**

- Building Permit – for a new addition to house – two sets of building plans are required as part of the building permit application
- Note: Additions that involve significant structural changes to existing or proposed new shall require drawing plans prepared by a New York State Licensed & Certified Design Professional. Contact the local American Institute of Architects chapter office for a recommendation to a design professional at <https://www.aiaroc.org>.

# SAMPLE INSTRUMENT SURVEY MAP

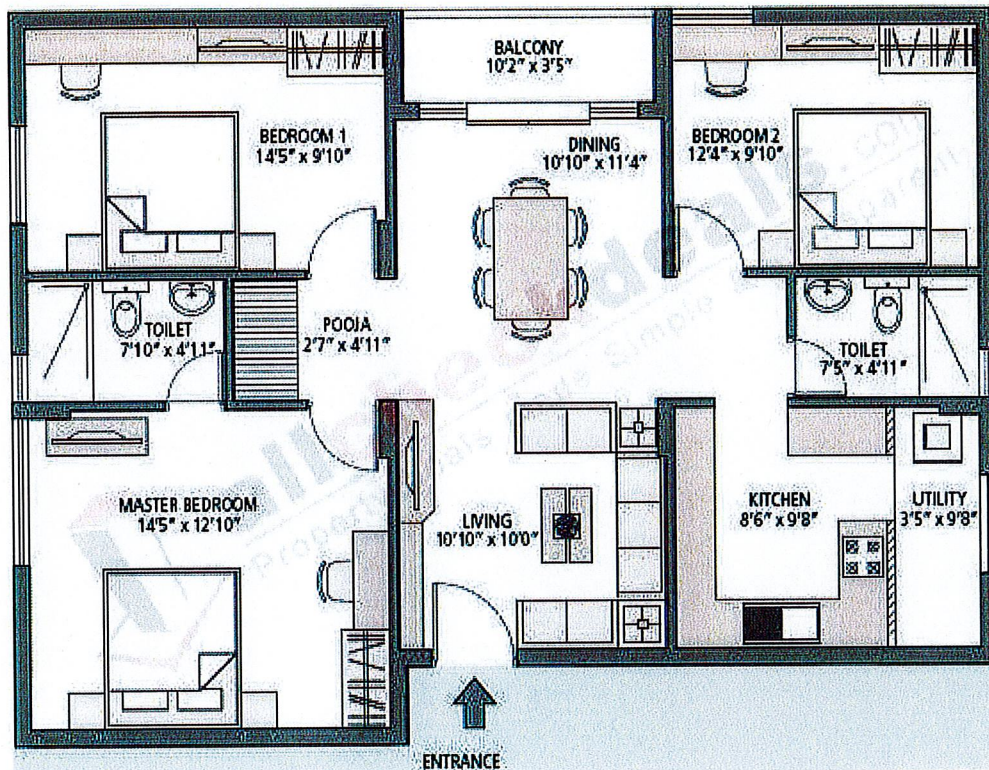
## NOTE:

- This is a sample of an Instrument Survey Map.
- The property owner should have received a copy at their closing.
- If you do not have one, you can check with your mortgage company or the attorney who handled your closing.
- The City does not keep copies of Instrument Survey maps.
- If you need to have a new one made, you need to call a Land Surveyor.



# SAMPLE RESIDENTIAL FLOOR PLAN

- MUST BE DRAWN TO SCALE
- MUST INCLUDE ALL DIMENSIONS OF: ROOMS, DOORS AND WINDOWS
- MUST LABEL USE OF EACH ROOM





**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)

**a. PROPERTY OWNER:**

[ ] Check if same as applicant above

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
(Cannot be a PO Box) (include City or Town)  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**b. PROPERTY MAINTENANCE CONTACT:** (check if same as:)

[ ] Owner [ ] Applicant (check both if applicable)

Name: \_\_\_\_\_  
(Must be an actual person)  
 Address: \_\_\_\_\_  
(Cannot be a PO Box) (include City or Town)  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\* 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:** \_\_\_\_\_

**ZONING APPROVAL:** \_\_\_\_\_ Date: \_\_\_\_\_

List any conditions of zoning approval which shall be stated on the final C of O:

FEE: \_\_\_\_\_ If Paid By: \_\_\_\_\_

**PENALTY FEE APPLIES AFTER DATE ABOVE**

## **WORKERS' COMPENSATION INSURANCE**

The State of New York requires that, prior to issuing any permits, the City of Rochester be provided with proof of Workers' Compensation Insurance coverage or provide proof of exemption from such coverage.

One of the following certificates must be provided by the applicant with each permit request:

- C105.2 or U-26.2 – Workers' Compensation Insurance (private carrier)  
(contractor with employees)
- CE-200 - Exemption Certificate  
(contractor with no employees)
- BP-1 – Affidavit of Exemption  
(owner-occupied 1-4 family & owner if performing work)
- S112 or GSI-105.2 – Self Insurance coverage

### Helpful Hints:

- To obtain a CE 200 Exemption
  - <https://www.businessexpress.ny.gov/>
  - Workers' Compensation Board location at 130 W. Main Street (verify if open by calling 1-877-632-4996)
- Certificates for building permits are job-specific and a separate certificate will be required for each building permit.
- NYS does NOT accept "ACORD" Certificates nor will they accept faxed copies.

**CITY OF ROCHESTER**  
**BUILDING PERMIT FEES**  
**AS OF JULY 1<sup>ST</sup>, 2028**

PROJECT COST		FEE		PROJECT COST		FEE
\$0	\$2,000	\$50		\$30,000	\$32,000	\$350
2,001	4,000	70		32,001	34,000	370
4,001	6,000	90		34,001	36,000	390
6,001	8,000	110		36,001	38,000	410
8,001	10,000	130		38,001	40,000	430
10,001	12,000	150		40,001	42,000	450
12,001	14,000	170		42,001	44,000	470
14,001	16,000	190		44,001	46,000	490
16,001	18,000	210		46,001	48,000	510
18,001	20,000	230		48,001	50,000	530
20,001	22,000	250		50,001	52,000	550
22,001	24,000	270		52,001	54,000	570
24,001	26,000	290		54,001	56,000	590
26,001	28,000	310		56,001	58,000	610
28,001	30,000	330		58,001	60,000	630

FORMULAS	
\$ 60,000 to 100,000	.009 x Cost + 150 = Fee
\$100,001 to 500,000	.007 x Cost + 375 = Fee
\$500,001 to 1,000,000	.005 x Cost + 1,475 = Fee
\$1,000,001 and over	.003 x Cost + 3,675 = Fee