



SELF-SERVE PERMITTING INSTRUCTIONS

Daycare

HELPFUL INFORMATION:

- Before the City of Rochester can review your request, you must be licensed pursuant to section 390 of the New York State Social Law. Call 585-238-8531 for licensing information before applying for a permit from the City of Rochester.
- If you are a licensed “family or “group family” daycare, no additional permits are required from the City of Rochester, other than for signage.
- For all other Daycare categories, the following instructions apply:

MINIMUM SUBMISSION REQUIREMENTS:

- ✓ Completed permit application (attached)
- ✓ Instrument survey map (sample attached)
- ✓ Floor Plan drawn to scale (sample attached)
- ✓ Completed Certificate of Occupancy (C of O) application (attached)
- ✓ Workers’ Comp or Waiver (information sheet attached-only if request involves work)
- ✓ Fee, based on cost of work minus plumbing and electrical as they required a separate permit by a licensed trades person (fee schedule attached)

HOW TO SUBMIT: Your completed permit application package and fee (checks and money order made payable to “City Treasurer”) by:

- Email: zoning@cityofrochester.gov (online payment instructions will be sent)
- Drop Box: Room 121B at City Hall
- Mail: The Bureau of Zoning & Permitting
30 Church Street, Room 121B
Rochester, NY 14614

If you have questions, email: 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) \$ _____

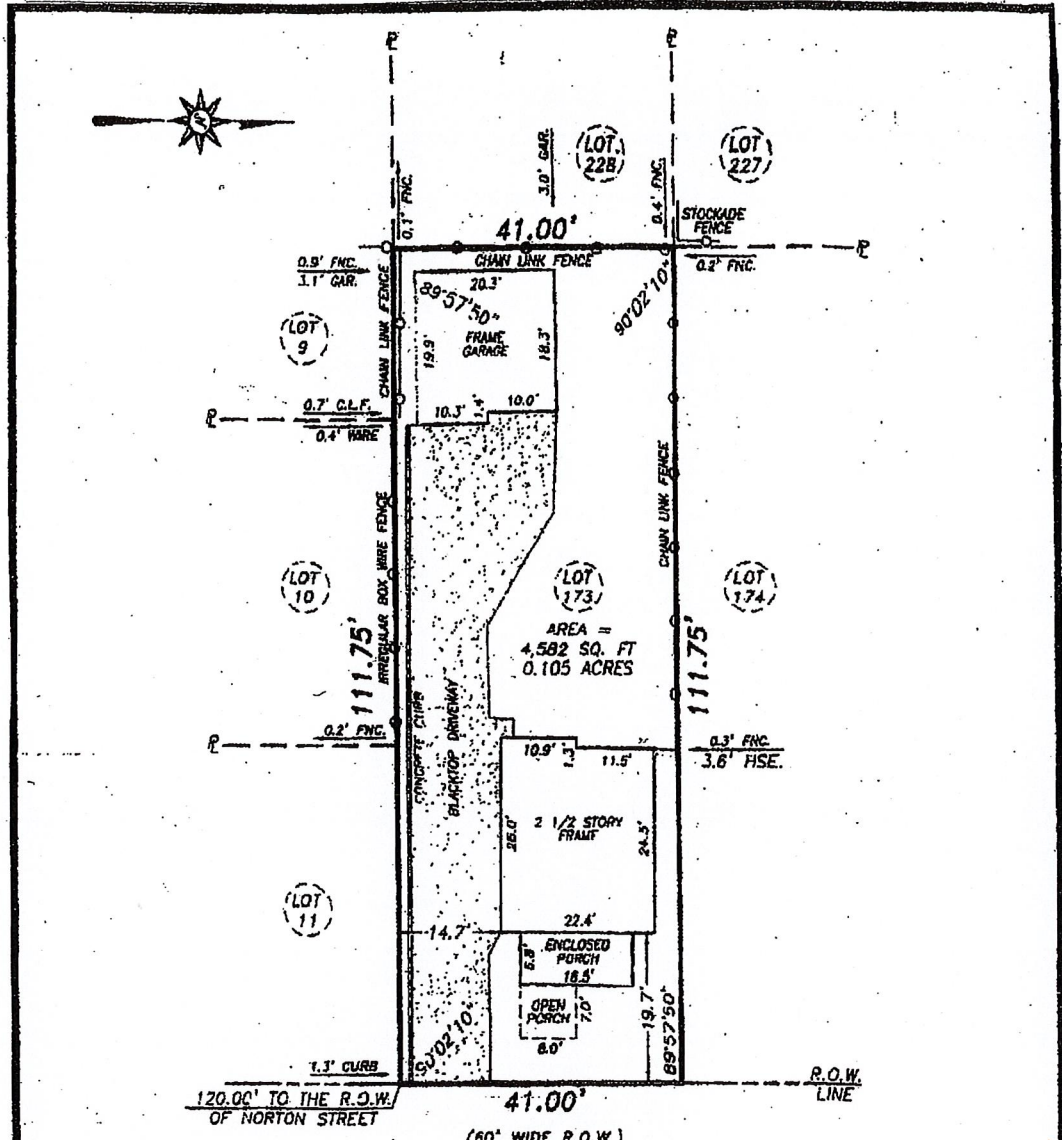
YOUR SIGNATURE: _____

DATE: _____

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.



CERTIFICATION:

I, DAVID A. STAUB, HEREBY CERTIFY TO:
 -DESIPEE RODRIGUEZ-MENDEZ
 -HARVEY S. BUNNS, ESQ.
 -THE BANK OF CASTLE, ITS SUCCESSORS AND/OR ASSIGNS
 -UNDERBERG & KESSLER, LLP
 -THE TITLE INSURANCE COMPANY INSURING THE MORTGAGE

THAT THIS MAP WAS MADE OCTOBER 19, 2017
 FROM NOTES OF AN INSTRUMENT SURVEY
 COMPLETED OCTOBER 3, 2017
 AND REFERENCES LISTED HEREON.

REFERENCES:

- 1.) LIBER 39 OF MAPS, PAGE 5.
- 2.) LIBER 11056 OF DEEDS, PAGE 99.
- 3.) ABSTRACT OF TITLE No. 412329 (FIRST AMERICAN).

NOTES: 1.) PREMISES SUBJECT TO ALL EASEMENTS, RESTRICTIONS & COVENANTS OF RECORD NOT REFERENCED IN ABSTRACT OF TITLE.
 2.) THE USE OF THIS MAP IN CONJUNCTION WITH AN AFFIDAVIT OF NO CHANGES RELEASES THE SURVEYOR OF ALL RESPONSIBILITY.

N.Y.S.P.L.S. No. 50791

DATE

TITLE:

INSTRUMENT SURVEY MAP

BEING LOT No.
 OF THE RALEIGH SUBDIVISION,
 CITY OF ROCHESTER, COUNTY OF MONROE, STATE OF NEW YORK

"Unauthorized alteration or addition to a survey map bearing a licensed land surveyor's seal is a violation of Section 7206, sub-section 2, of the New York State Education Law"

"Only copies from the original of this survey marked with an original of the land surveyor's red ink seal shall be considered to be valid true copies."

"Certifications indicated herein signify that this survey was prepared in accordance with the Existing Code of Practice for Land Surveying described by the New York State Association of Professional Land Surveyors. Such certifications shall not apply to the person for whom this survey is prepared set on the label to the title enclosure, governmental agency and funding institution listed therein, and to the assignee of the landowner. Certifications are not transferable to additional institutions or subsequent owners."

"An electronic file of Triple Point Land Surveying, LLC. are made the property of Triple Point Land Surveying, LLC. Such electronic files may not be distributed or any time to other parties for any purpose whatsoever."



TRIPLE POINT LAND SURVEYING, LLC.
 18 EAST MAIN STREET SUITE 320
 ROCHESTER, NEW YORK 14614
 PHONE (585) 263-8950
 FAX (585) 263-3581
 TRIPLEPOINTSURVEYING@YAHOO.COM

SCALE:

1" = 20'

TAX ACCOUNT:

91.64-1-12

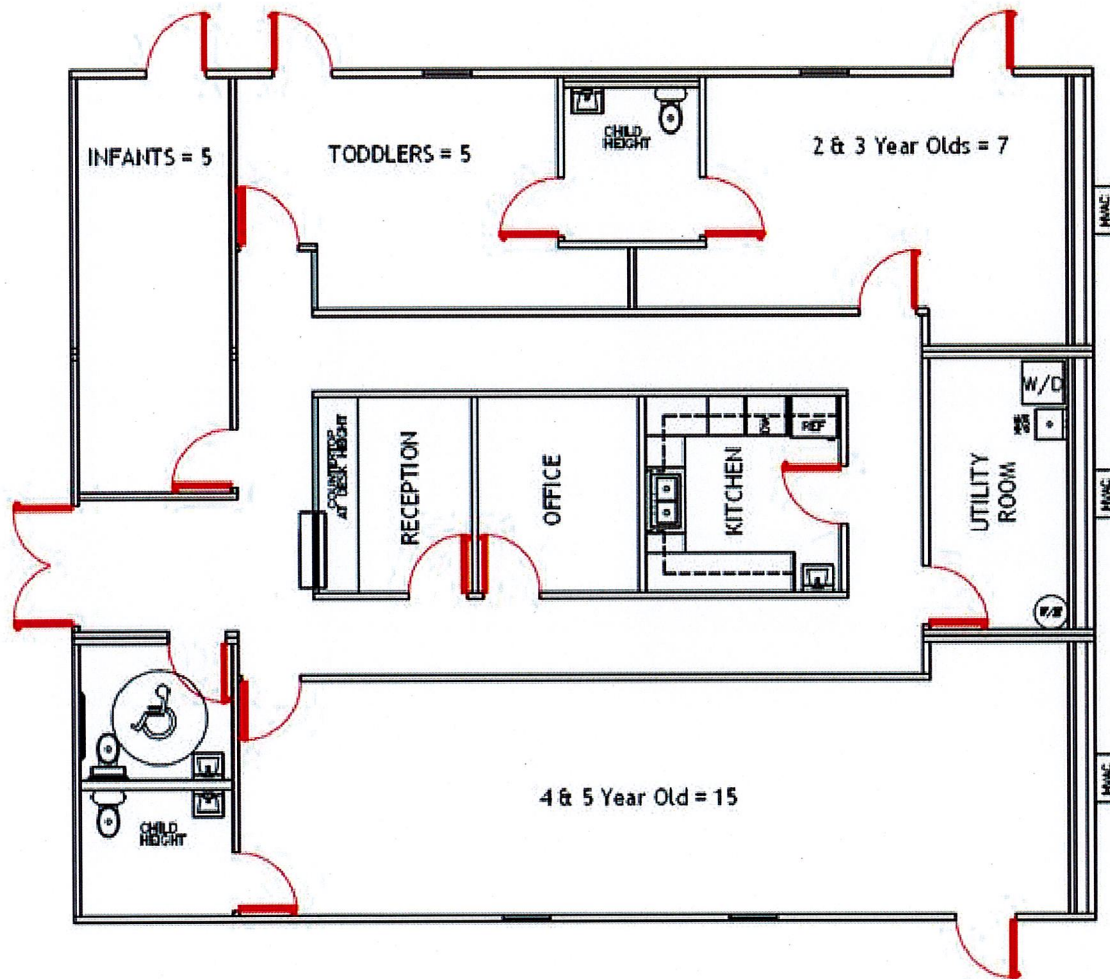
JOB NO.:

1429-17

DATE:

OCT 19 2017

SAMPLE FLOOR PLAN - daycare





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 is performing work)
- SI12 or GSI-105.2 – Self Insurance coverage

Helpful Hints:

- To obtain a CE 200 Exemption
 - <https://www.businessexpress.ny.gov/>
 - Worker's 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 1ST, 2018

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