Neighborhood and Business Development City Hall Room 121B, 30 Church Street Rochester, New York 14614-1290 www.cityofrochester.gov

(Oct 2024)

SELF-SERVE PERMITTING INSTRUCTIONS FIRE DAMAGE REPAIR

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.
- Exterior repair on buildings located in a Preservation District, a Designated Building of Historical Value or a Landmark will require additional Zoning review.
- Plans prepared by a licensed design professional may be required.
- Any associated Plumbing and/or electrical repair work requires a separate permit to be filed and work completed by a licensed contractor.

MINIMUM SUBMISSION REQUIREMENTS: Completed application and:

- ✓ Photographs of fire damaged areas
- ✓ Detailed scope of work
- ✓ Construction drawings/Floor Plan of damaged areas (sample attached)
- ✓ Insurance Certificates (information sheet attached)
- ✓ Certificate of Occupancy fee (based on use)

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

- Email: planreview@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 or call (585) 428-7043 for additional instructions. Incomplete application submissions will be returned. Thank you.

Phone: 585.428.6526 EMAIL: planreview@cityofrochester.gov EEO/ADA





Neighborhood and Business Development City Hall Room 121B, 30 Church Street Rochester, New York 14614-1290 www.cityofrochester.gov

BUILDING PERMIT APPLICATION and ZONING COMPLIANCE REQUEST

PROPERTY ADDRESS:		
USE: RESIDENTIAL (1 or 2 Family) COMMERC	IAL MIXED USE	
APPLICANT INFORMATION:		
YOUR NAME:(not a company name) YOUR EMAIL ADDRESS:		
YOUR MAILING ADDRESS:		
PROPERTY OWNER: [] Check if same as applicant above Name:	CONTRACTOR: (check if same as:) [] Owner [] Applicant (check both if applicable) Name:	
Address: (Cannot be a PO Box) (include City or Town)	Address:(Cannot be a PO Box) (include City or Town)	
Zip: Phone:	Zip: Phone:	
Email:	Email:	
ARCHITECT:OR ENGINEER		
PERMIT REQUEST:		
DESCRIPTION:		
ADDITION/NEW CONSTRUCTION INTERIOR F	RENOVATIONS EXTERIOR RENOVATIONS	
CHANGE/ESTABLISH USE DECK PO	OOL/HOT TUB SHED/GARAGE/CARPORT	
HVAC/MECHANICAL/ELECTRICAL SYSTEMS O	THER:	
PROJECT COST ESTIMATE: (excluding plumbing & electrical) \$		
YOUR SIGNATURE:	DATE:	



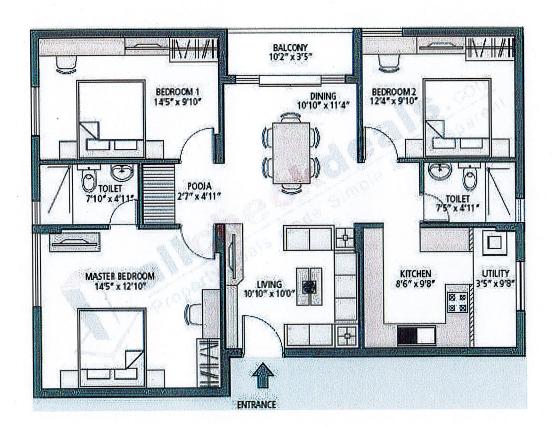
City of Rochester, New York
The Bureau of Buildings & Compliance
Room 028B, 30 Church Street Rochester, New York 14614 www.cityofrochester.gov

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 vac	ancy began:
A ADDUCANT WEODMATION	- and the second of the second
2. APPLICANT INFORMATION: [] Owner [The applicant acknowledges that the information contained] Tenant [] Agent in this application is true to the best of their knowledge:
Applicant name:	Phone:
Address:C	ity:State:Zip:
3. BUILDING OWNER'S REGISTRY REQUIRED	O *: (required per §90-20 of the City Code)
a. PROPERTY OWNER:	b. PROPERTY MAINTENANCE CONTACT: (check if same as:) [] Owner [] Applicant (check both if applicable)
[] Check if same as applicant above	
Name:	Name:(Must be an actual person)
Address:	Address:
(Cannot be a PO Box) (include City or Town)	Address:(Cannot be a PO Box) (include City or Town)
Zip: Phone:	Zip: Phone:
* Failure to provide the above information will result in a violat	ion per §90-20 of the City Code.
4. INSPECTION CONSENT: (must check one)	
control over the property to have it inspected. I do agree a	ner/agent of the above referenced property. I have retained legal custody and consent to allow the City to inspect the property in its entirety as part of the property in its entirety as part of the properties includes the initial inspection, any and all necessary reinspection upancy is issued.
[] I do not consent to have my property inspected by the application for an administrative inspection warrant which makes	e City of Rochester and I understand that the City of Rochester may make an aay cause a delay in processing the application for a Certificate of Occupancy.
5. APPLICANT SIGNATURE:	DATE:
OFFIC	CE 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:
ZON	ING APPROVAL: Date:
,	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	

SAMPLE RESIDENTIAL FLOOR PLAN

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



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)
- SI12 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.