



(Oct 2024)

SELF-SERVE PERMITTING INSTRUCTIONS

General Interior/Exterior Work (no change in use or to footprint of building)

HELPFUL INFORMATION:

- Plans prepared by a licensed design professional may be required.
- Replacement of windows of same size and location does not require a permit
- If located in a Preservation District, is a Designated Building of Historic Value, or a Landmark, requires Zoning approval, call Zoning office at 428-7043
- A separate Plumbing and/or Electrical permit may be required.
- If your request involves a change in use or addition, use those packets instead.

MINIMUM SUBMISSION REQUIREMENTS:

- ✓ Complete permit application.
- ✓ Detailed work scope description
- ✓ Construction drawings/Plans drawn to scale which may include: foundation, insulation detail, floor and elevation plans (examples attached)
- ✓ Photographs when possible
- ✓ Insurance Certificates (see attached information sheet)

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: planreview@cityofrochester.gov or call (585) 428-6526 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: _____

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.