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

### **ZONING: LEGAL USE VERIFICATION LETTER**

#### **HELPFUL INFORMATION:**

- ➤ The City will issue a Certificate of Zoning Compliance (CZC) to verify legal use
- A legal use czc will include: zoning district, legal use of the property, and state if there are any open zoning violations
- ➤ The cost is \$50.00 per property
- Any other information about a property must be requested by a FOIL request through the Law Department: https://www.cityofrochester.gov/foil/

#### **MINIMUM SUBMISSION REQUIREMENTS:**

- ✓ Complete the attached application
- ✓ Submit along with the \$50 fee per property (checks or money orders only made payable to "City Treasurer")

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

- Email: zoning@cityofrochester.gov (online payment instructions will be sent)
- 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: <a href="mailto:zoning@cityofrochester.gov">zoning@cityofrochester.gov</a> or call (585) 428-7043 for additional instructions. Incomplete application submissions will be returned. Thank you.

Phone: 585.428.7043 EMAIL: zoning@cityofrochester.gov EEO/ADA Employer





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## **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:	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 RENOVATIONS EXTERIOR RENOVATIONS	
CHANGE/ESTABLISH USE DECK PO	OOL/HOT TUB SHED/GARAGE/CARPORT
HVAC/MECHANICAL/ELECTRICAL SYSTEMS OTHER:	
PROJECT COST ESTIMATE: (excluding plumbing & electrical) \$	
YOUR SIGNATURE:	DATE: