



# SELF-SERVE PERMITTING INSTRUCTIONS

## **RESUBDIVISIONS** (minor transfer of land and lot combinations)

**APPLICATIONS ARE ACCEPTED BY APPOINTMENT ONLY. To schedule, please contact Dennis O'Brien by phone at 585-428-7364 or by email at [Dennis.OBrien@cityofrochester.gov](mailto:Dennis.OBrien@cityofrochester.gov)**

### **HELPFUL INFORMATION:**

- Attached is the application form which lists the submission requirements.
- Please contact Mark Carden at 585-428-6871 or [Mark.Carden@cityofrochester.gov](mailto:Mark.Carden@cityofrochester.gov) to assist you in obtaining City tax maps (#2 on attached application).

### **SUBMISSION REQUIREMENTS:**

- ✓ Two copies of attached application
- ✓ Two copies of the Tax Map (see above on how to obtain)
- ✓ Two copies of City Tax Certificates-must show taxes of all parcels have been paid in full for the current tax season
- ✓ Two copies of County Tax Certificates - must show taxes of all parcels have been paid in full for the current tax season
- ✓ Fee \$50





City of Rochester, NY

[FOR OFFICE USE ONLY]

FEE: \_\_\_\_\_ FILE NUMBER: \_\_\_\_\_

CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## RESUBDIVISION Minor Transfers of Land and Lot Combinations

BUREAU OF BUILDINGS AND ZONING  
CITY HALL, 30 CHURCH STREET, ROOM 125-B  
ROCHESTER, NEW YORK 14614  
(585) 428-7043

### INSTRUCTIONS TO APPLICANT

Applications **MUST** be submitted by appointment. Please contact Dennis O'Brien by phone at (585) 428-7364 or by email at [Dennis.OBrien@CityofRochester.Gov](mailto:Dennis.OBrien@CityofRochester.Gov)

Office Use	<u>APPLICATION REQUIREMENTS and INSTRUCTIONS:</u>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Two (2) copies of this completed application. 2. Obtain two (2) copies a Tax Map showing all of the parcels involved from Maps & Survey, City Hall, Room 225B. They will assist you in preparing this application and the required map. 3. Two (2) sets of City Tax Certificates for <u>each</u> of the parcels showing that the taxes are paid in full for the current tax season. City Treasurer, City Hall, Room 100A. 4. Two (2) sets of County Tax Certificates for <u>each</u> of the parcels showing that the taxes are paid in full for the current tax season. County Treasurer, County Office Building, 39 W. Main Street, Room B-2. 5. Fee: \$50.00. Fee can be paid for online (credit card) with a link provided by staff <i>or</i> by check made payable to the 'City of Rochester'.

1. **APPLICANT:** \_\_\_\_\_ **COMPANY NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_

**INTEREST IN PROPERTY:** Owner \_\_\_\_\_ Lessee \_\_\_\_\_ Other \_\_\_\_\_

2. **OWNER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_

3. **PROPERTY ADDRESS(ES)** \_\_\_\_\_ **CITY TAX ACCT. NO.** \_\_\_\_\_


4. The parcel(s) is/are presently held by the owner under deed(s) recorded in the Monroe County Clerk's Office as follows:

Date: \_\_\_\_\_ Liber: \_\_\_\_\_ Page: \_\_\_\_\_

Date: \_\_\_\_\_ Liber: \_\_\_\_\_ Page: \_\_\_\_\_

5. ZONING DISTRICT (SEE ZONING MAP) \_\_\_\_\_

6. ARE THERE BUILDINGS OR IMPROVEMENTS ON THE PARCEL(S)? YES \_\_\_ NO \_\_\_

ADDRESS(S)

TYPE OF BUILDING (single family, garage, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT: I certify that the information supplied on this application is complete and accurate, and that the project described, if approved, will be completed in accordance with the conditions and terms of that approval.

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

OWNER (if other than above): I have read and familiarized myself with the content of this application and do hereby consent to its submission and processing.

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

SAMPLE MAP

