



City of Rochester, NY

SPECIAL PERMIT-RENEWAL
(Section 120-192B)
BUREAU OF ZONING & PERMITTING
CITY HALL, 30 CHURCH STREET, ROOM 125B
ROCHESTER, NEW YORK 14614

APPLICATION

APPLICATIONS ARE ACCEPTED BY APPOINTMENT ONLY. To schedule an appointment, please contact Jasmine Myers by email at PlanningCommission@cityofrochester.gov.

Office Use	<u>APPLICATION REQUIREMENTS:</u>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Fee: No Fee. 2. One (1) copy of the Denied Certificate of Zoning Compliance (CZC). 3. Current photographs of the exterior and interior of the existing structure and the site. 4. A survey map and floor plan if changes have been made to the property since the previous approval was granted.
<p style="text-align: center;"><u>IMPORTANT</u></p> <ul style="list-style-type: none"> ▪ Completed applications must be submitted before the published deadline. ▪ Application documents must be submitted in the appropriate number as specified above. 	
<p style="text-align: center;"><u>POSTING REQUIREMENT</u></p> <p>After submission of a complete application, a public notification sign will be issued and must be posted on the property at least 20 days prior to the hearing. The sign shall be placed on the property readily visible from the public right-of-way. It is the applicant’s responsibility to obtain and post the sign. Signs are available in Room 121B, City Hall.</p>	

WHAT IS A SPECIAL PERMIT?

The Special Permit procedure is intended to provide a means to establish those uses having some special impact or uniqueness which requires a careful review of their location, design, configuration and special impact to determine, against fixed standards, the desirability of permitting their establishment at any given location. They are uses that may or may not be appropriate in a particular location depending on a weighing, in each case, of the public need and benefit against the local impact and effect.

[FOR OFFICE USE ONLY]

ADDRESS: _____ **FILE NUMBER:** _____
DATE FILED: _____ **FEE:** _____

PROJECT INFORMATION

PLEASE TYPE OR PRINT

1. PROJECT ADDRESS(ES): _____

2. APPLICANT: _____ COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS _____

INTEREST IN PROPERTY: Owner _____ Lessee _____ Other _____

3. PLAN PREPARER: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

4. ATTORNEY: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS _____

5. ZONING DISTRICT: _____

6. DETAILED PROJECT DESCRIPTION (additional information can be attached): _____

7. LENGTH OF TIME TO COMPLETE PROJECT (Attach schedule if phased:) _____

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 contents of this application and do hereby consent to its submission and processing.

SIGNATURE: _____ DATE: _____