



# SELF-SERVE PERMITTING INSTRUCTIONS

## WINDOW REPLACEMENT

### HELPFUL INFORMATION:

- Property located in a Preservation District that is a Designated Building of Historic Value, or a Landmark, requires Zoning approval. Call the Zoning office at 428-7043 to check if your property meets any of the above criteria.
- Typically the Zoning Code does not allow a reduction in window size (transparency) if visible from the Right of Way (street or sidewalk)
- Typically, the NYS Building Code has minimum requirement of window sizes in residential uses for light and ventilation and possible egress.

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### MINIMUM SUBMISSION REQUIREMENTS:

- ✓ Completed permit application
- ✓ Description of size and location of all windows to be replaced
- ✓ Room dimensions of rooms where new windows are to be replaced
- ✓ Workers' Comp or waiver (information sheet attached)
- ✓ Fee based on cost of work to be performed (fee schedule attached)

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

- Email: [planreview@cityofrochester.gov](mailto: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](mailto:zoning@cityofrochester.gov) or call (585) 428-7043 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 is performing work)
- SI12 or GSI-105.2 – Self Insurance coverage

### Helpful Hints:

- To obtain a CE 200 Exemption
  - <https://www.businessexpress.ny.gov/>
  - Worker's 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.

**CITY OF ROCHESTER**  
**BUILDING PERMIT FEES**  
AS OF JULY 1<sup>ST</sup>, 2018

PROJECT COST		FEE		PROJECT COST		FEE
\$0	\$ 2,000	\$50		\$30,000	\$32,000	\$350
2,001	4,000	70		32,001	34,000	370
4,001	6,000	90		34,001	36,000	390
6,001	8,000	110		36,001	38,000	410
8,001	10,000	130		38,001	40,000	430
10,001	12,000	150		40,001	42,000	450
12,001	14,000	170		42,001	44,000	470
14,001	16,000	190		44,001	46,000	490
16,001	18,000	210		46,001	48,000	510
18,001	20,000	230		48,001	50,000	530
20,001	22,000	250		50,001	52,000	550
22,001	24,000	270		52,001	54,000	570
24,001	26,000	290		54,001	56,000	590
26,001	28,000	310		56,001	58,000	610
28,001	30,000	330		58,001	60,000	630

FORMULAS	
\$ 60,000 to 100,000	.009 x Cost + 150 = Fee
\$ 100,001 to 500,000	.007 x Cost + 375 = Fee
\$ 500,001 to 1,000,000	.005 x Cost + 1,475 = Fee
\$ 1,000,001 and over	.003 x Cost + 3,675 = Fee