



(Oct 2024)

CERTIFICATE OF OCCUPANCY - CANNABIS ESTABLISHMENTS – PERMIT PACKET TO CHANGE, ESTABLISH OR LEGALIZE USE

+ The New York State, Office of Cannabis Management (OCM) requires selected, eligible applicants to obtain a Certificate of Occupancy to operate a Cannabis Establishment in the City of Rochester.

Per section §120-208 – DEFINITIONS CANNABIS ESTABLISHMENT

Premises used for the cultivation, processing, distribution, delivery, retail sale, or on-site consumption of cannabis in a manner that requires a license under the NYS Cannabis Law.

ADULT-USE RETAIL DISPENSARY

Adult-Use retail dispensaries are the principal license to conduct retail sales of adult-use cannabis products to consumers over twenty-one (21) years old. Retail dispensaries are allowed to acquire, possess, sell, and deliver adult-use cannabis products from their own licensed premises and licensed distributors, in addition to other select items including paraphernalia. Licensed retailers provide an environment for consumers to become informed about and purchase adult-use cannabis products grown, processed, and lab tested in New York State.

ON-SITE CONSUMPTION LOUNGES

Premises where customers are permitted to smoke, vape, or otherwise consume marijuana and marijuana products and therefore, must meet the Building and Zoning requirements for restaurants to obtain a Certificate of Occupancy.

HELPFUL INFORMATION:

- Requests involving the “use” of property will require review and approval from both the Zoning Division for compliance with the Zoning Code and the Buildings Division to determine compliance with the NYS Building Code.
 - If signage is associated with a new use, a separate sign permit is required.
 - CANNBIS ESTABLISHMENTS require a Business Permit.
 - Plumbing or electrical work requires a separate permit by a licensed contractor.
 - Based on scope of project, an instrument survey map, stamped plans, façade drawings may also be required as determined by staff.
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MINIMUM SUBMISSION REQUIREMENTS:

- ✓ Completed permit application (attached)
 - ✓ Floor Plan drawn to scale (sample attached)
 - ✓ Completed Certificate of Occupancy (C of O) application (attached)
 - ✓ Insurance Certificates (information sheet attached-only if request involves work)
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HOW TO SUBMIT: Your completed permit application package can be submitted by:

- Email: Melissa.Phillips@CityofRochester.Gov
- 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: Melissa.Phillips@CityofRochester.Gov or call (585) 428-7054 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: _____



City of Rochester, New York
 The Bureau of Buildings & Compliance
 Room 028B, 30 Church Street
 Rochester, New York 14614
 www.cityofrochester.gov

Certificate of Occupancy Application (Office Use Only)

Case No. _____ Legal Use _____
 C of O No. _____ Permit No. _____
 Inspect Date: _____ CZC No. _____

1. BUILDING INFORMATION:

Address: _____ Garage (# of cars) _____ Attached or Detached (circle)
 Is the property vacant: [] Yes [] No If yes, date vacancy began: _____

2. APPLICANT INFORMATION: [] Owner [] Tenant [] Agent

The applicant acknowledges that the information contained in this application is true to the best of their knowledge:

Applicant name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

3. BUILDING OWNER'S REGISTRY REQUIRED * : (required per §90-20 of the City Code)

a. PROPERTY OWNER:

[] Check if same as applicant above

Name: _____
 Address: _____
(Cannot be a PO Box) (include City or Town)
 Zip: _____ Phone: _____

b. PROPERTY MAINTENANCE CONTACT: (check if same as:)

[] Owner [] Applicant (check both if applicable)

Name: _____
(Must be an actual person)
 Address: _____
(Cannot be a PO Box) (include City or Town)
 Zip: _____ Phone: _____

* Failure to provide the above information will result in a violation per §90-20 of the City Code.

4. INSPECTION CONSENT: (must check one)

[] I, _____, am the owner/agent of the above referenced property. I have retained legal custody and control over the property to have it inspected. I do agree and consent to allow the City to inspect the property in its entirety as part of the City requirement for a Certificate of Occupancy. Inspection permission includes the initial inspection, any and all necessary reinspection and audit inspections until such time as a Certificate of Occupancy is issued.

[] I do not consent to have my property inspected by the City of Rochester and I understand that the City of Rochester may make an application for an administrative inspection warrant which may cause a delay in processing the application for a Certificate of Occupancy.

5. APPLICANT SIGNATURE: _____ DATE: _____

----- OFFICE USE ONLY -----

CAUSE: [] New [] Alteration [] Change Use [] Transfer [] Reoccupation [] Renewal [] Partial _____

Posting Occupancy: _____ Construction Type: _____ # of Stories: _____ Sprinkler System: Yes [] No []

Final C of O shall read: _____

 _____ BLDG. CODE APPROVAL: _____

FEE: _____ If Paid By: _____

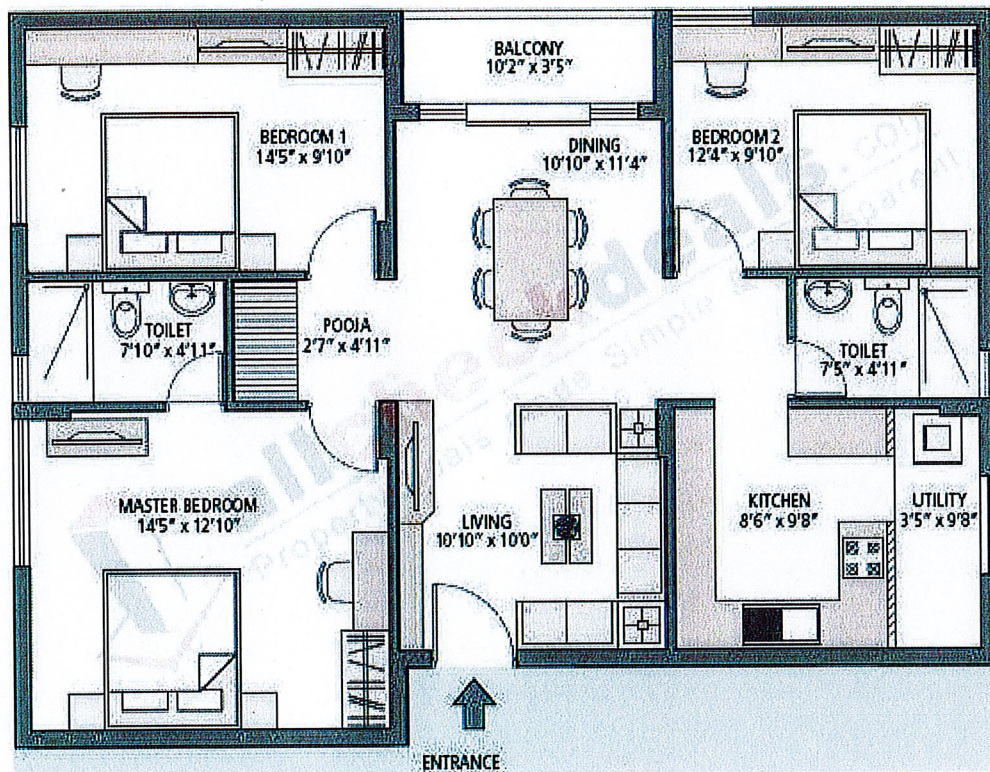
PENALTY FEE APPLIES AFTER DATE ABOVE

ZONING APPROVAL: _____ Date: _____

List any conditions of zoning approval which shall be stated on the final C of O:

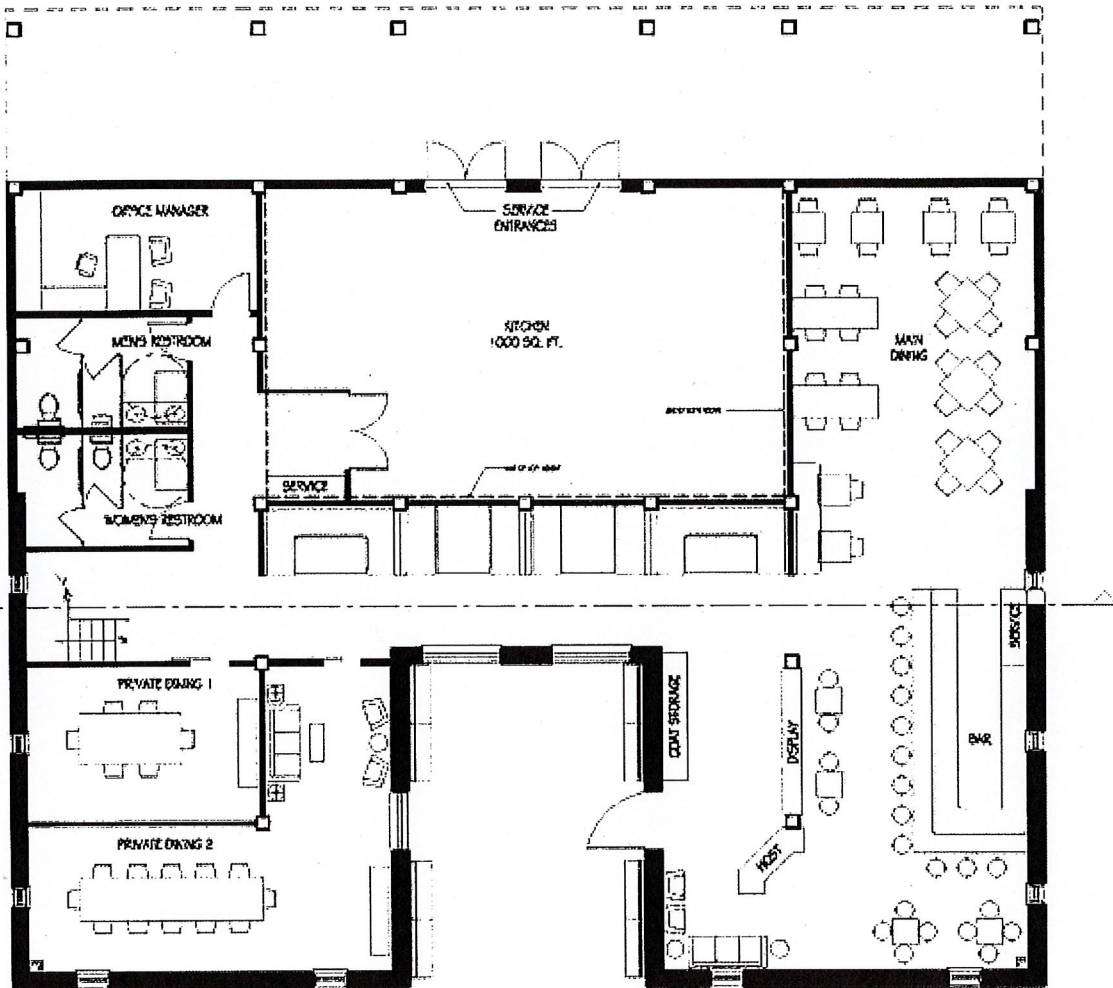
SAMPLE RESIDENTIAL FLOOR PLAN

- MUST BE DRAWN TO SCALE
- MUST INCLUDE ALL DIMENSIONS OF: ROOMS, DOORS AND WINDOWS
- MUST LABEL USE OF EACH ROOM



SAMPLE COMMERCIAL FLOOR PLAN

- MUST BE DRAWN TO SCALE
- MUST INCLUDE DIMENSIONS OF ALL DOORS, EXITS, WINDOWS, HALLWAYS AND ROOMS
- MUST LABEL USE OF EACH ROOM



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.

CITY OF ROCHESTER
BUILDING PERMIT FEES
AS OF JULY 1ST, 2028

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