



(APR 2023)

# SELF-SERVE PERMITTING INSTRUCTIONS

## FIRE DAMAGE REPAIR

### HELPFUL INFORMATION:

- Your request is subject to compliance with both the NY State Building Code and the City Zoning Code, and each code may regulate your request differently.
- Exterior repair on buildings located in a Preservation District, a Designated Building of Historical Value or a Landmark will require additional Zoning review.
- Plans prepared by a licensed design professional may be required.
- Any associated Plumbing and/or electrical repair work requires a separate permit to be filed and work completed by a licensed contractor.

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### MINIMUM SUBMISSION REQUIREMENTS: Completed application and:

- ✓ Photographs of fire damaged areas
- ✓ Detailed scope of work
- ✓ Construction drawings/Floor Plan of damaged areas (sample attached)
- ✓ Insurance Certificates (information sheet attached)
- ✓ Certificate of Occupancy fee (based on use)

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

- Email: planreview [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 Buildings & Compliance  
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.





**City of Rochester**

Neighborhood and Business Development  
City Hall Room 121B, 30 Church Street  
Rochester, New York 14614-1290  
www.cityofrochester.gov

The Bureau of  
Buildings &  
Compliance

**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**

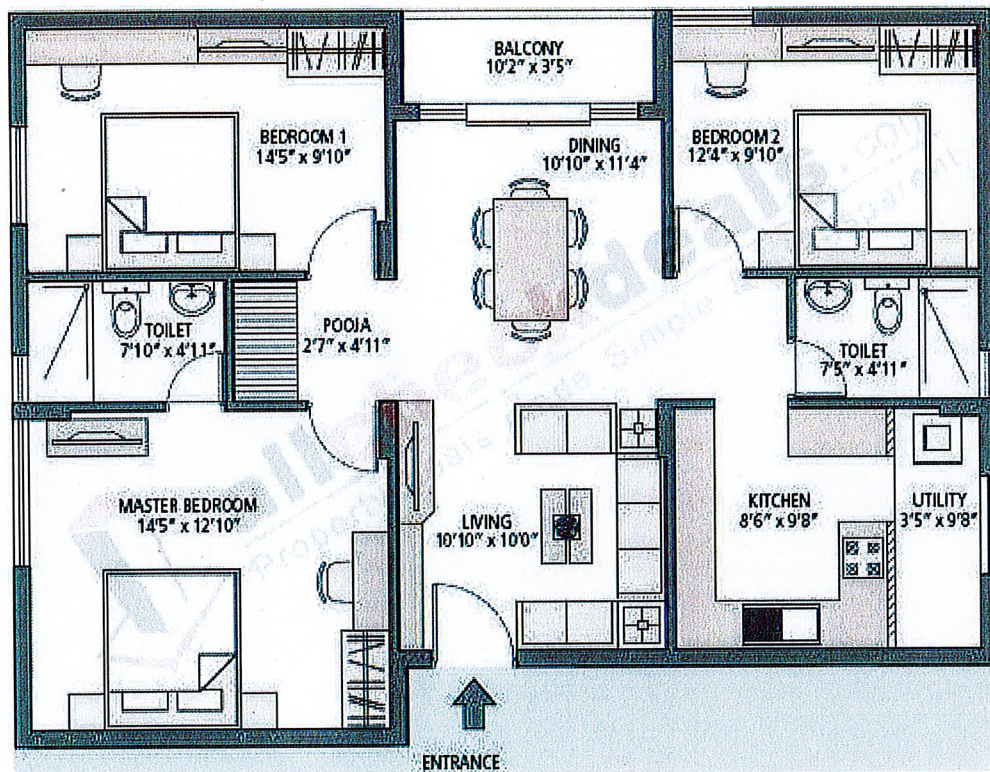
ZONING APPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_

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



## **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