

Office | Application Requirements:

ADMINISTRATIVE ADJUSTMENT

(Section 120-191A)
DIVISION OF ZONING
CITY HALL, 30 CHURCH STREET, ROOM 125-B
ROCHESTER, NEW YORK 14614

APPLICATION

APPLICATIONS ARE ACCEPTED BY APPOINTMENT ONLY. To schedule an appointment, please contact Diamond Howard by phone at (585)428-6209 or by email at Diamond.Howard@cityofrochester.gov

 □ 2. One (1) copy of the Denied Certificate of Zoning Compliance (CZC). □ 3. One (1) copy of the completed Administrative Adjustment Application and Standards. □ 4. One (1) copy of an Instrument Survey Map. □ 5. One (1) copy of a Site Plan showing the location of the proposed work. □ 6. One (1) copy of scaled elevations of the proposed structure or a sample photograph. □ 7. One (1) copy of the site plan, survey map, or elevation drawings no larger than 8-1/2" x 11". 8. Photographs of the subject site, structures on the site, and surrounding properties. Which of the following Administrative Adjustments is being requested? 1) Ten (10%) percent or less of a numerical standard set forth in Chapter 120 of the Zoning Code. 2) An Alternative Parking Plan for five (5) or fewer parking spaces. 3) A parking area for a residential use in a residential district which: A. Is located in the side yard due to the location of the principal building on the property. B. Is within the front yard and is limited to one (1) parking space, when new curbs are being installed and the parking area existed before the project was identified in the City=s Capital Plan. 	☐ 1. Fee: \$100.00. Fee can be paid for online (credit card) with a link provided by staff <i>or</i> made payable to the 'City of Rochester'.						
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DATE FILED: FEE:							

ADMINISTRATIVE ADJUSTMENT STANDARDS

An Administrative Adjustment will be granted only if evidence is presented establishing conformance with each of the following standards. Explain how the application conforms to **each** of these requirements (attach additional sheets if necessary):

A. The benefits to the applicant of the approval outweigh any detriments to the health, safety and welfare of the neighborhood.	
B. There is no means other than the requested Administrative Adjustment by which the difficulty can avoided or remedied to a degree sufficient to permit a reasonable use of the subject lot or parcel.	be

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 PRO	OJECT (Attach schedu	le if phased:)			
tha	PPLICANT: I certify that the information sup at the project described, if approved, will be o at approval.					
SIC	GNATURE:	DATE:				
	WNER (if other than above): I have read and d do hereby consent to its submission and pro	•	th the contents of this application			
SIGNATURE:		DATE:	DATE:			