



City of Rochester, NY

# ADMINISTRATIVE APPEALS AND REFERRALS

DIVISION OF ZONING  
CITY HALL, 30 CHURCH STREET, ROOM 125B  
ROCHESTER, NEW YORK 14614

## APPLICATION

**APPLICATIONS ARE ACCEPTED BY APPOINTMENT ONLY. See below for contact information.**

The appeal of the following shall be made within <b>60 days</b> of the decision.	Contact	Fee
1. ___ Administrative Adjustment 2. ___ Certificate of Nonconformity 3. ___ Interpretation 4. ___ Certificate of Zoning Compliance	<b>Dennis O'Brien</b> (585) 428-7364 <b>Dennis.obrien@cityofrochester.gov</b>	<b>\$100</b>
The referral or appeal of the following shall be made within <b>30 days</b> .		
1. ___ Site Plan Review 2. ___ Modifications to a Cluster Development	<b>Dennis O'Brien</b> (585) 428-7364 <b>Dennis.obrien@cityofrochester.gov</b>	<b>No Fee</b>

Office Use	<u>APPLICATION REQUIREMENTS:</u>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Two (2) copies of this application. 2. One (1) copy of all information or documentation supporting and relating to your application. 3. Fee, if applicable.

1. PROJECT ADDRESS(ES): \_\_\_\_\_

2. FILE NUMBER, IF APPLICABLE: \_\_\_\_\_ 3. DATE DECISION ISSUED: \_\_\_\_\_

4. APPLICANT: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

5. REASON FOR APPEAL (attach additional sheets, if necessary): \_\_\_\_\_

**APPLICANT: I certify that the information supplied on this application is complete and accurate.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_