



City of Rochester, NY

ADMINISTRATIVE ADJUSTMENT
(Section 120-191A)
BUREAU OF PLANNING AND 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 Jill Symonds at (585) 428-7364 or jill.symonds@cityofrochester.gov

Table with 2 columns: Office Use, Application Requirements. Lists 8 requirements such as Fee: \$100.00, copies of CZC, completed application, survey map, site plan, scaled elevations, site plan drawings, and photographs.

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:
4) A parking area or parking lot for commercial uses in a commercial district which:
5) Four foot high fence in the front yard.
6) A chain-link fence in the front yard in a residential district, provided:
7) Central air-conditioning units in the side yard.
8) An addition to an existing structure which does not meet the side yard setback requirement.
9) To review signs in the Center City District, except for signs associated with a project undergoing site plan review.
10) Other

[FOR OFFICE USE ONLY]

ADDRESS: FILE NUMBER:

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 be avoided or remedied to a degree sufficient to permit a reasonable use of the subject lot or parcel.

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 PROJECT (Attach schedule if phased:) _____

APPLICANT: I certify that the information supplied on this application is complete and accurate, and that the project described, if approved, will be completed in accordance with the conditions and terms of that approval.

SIGNATURE: _____ DATE: _____

OWNER (if other than above): I have read and familiarized myself with the contents of this application and do hereby consent to its submission and processing.

SIGNATURE: _____ DATE: _____