



Certificate of Occupancy Exemption Application for One or Two-Family Dwellings

PROPERTY ADDRESS: _____
NUMBER STREET ZIP CODE

PROPERTY OWNER'S NAME: _____
LAST FIRST MIDDLE I.

PROPERTY OWNER'S TELEPHONE NUMBER: _____
WORK HOME

I, the owner of the two-family dwelling listed above, hereby swear that my:
 (Spouse); (Child); (Parent); or (Sibling) currently occupies the subject property and as such I qualify for an exemption from the Certificate of Occupancy requirement. I have attached a postmarked utility bill (e.g. RG&E, telephone, cable, etc.) addressed to my relative at the above referenced dwelling. I further attest to the following applicable checklist requirements:
You must complete sections A, B and C, if applicable:

(A) Smoke and Carbon Monoxide Alarm Requirements

- The Unit(s) have working smoke Alarms in the following locations; in each sleeping room, in the hallway outside each sleeping area, and on every story within the dwelling including basements and cellars but not uninhabitable attics.
- The Unit(s) have a carbon monoxide alarm in the hallway within 15 feet of the sleeping area on the lowest level where there is a sleeping area.

(B) Proof of Relationship

- Occupant Name: _____
- Supporting Document:
 - o Birth Certificate: _____ Marriage License: _____ Other: _____

(C) Current Occupancy (To be completed for all Two Family Dwellings)

- Both units are currently occupied: Yes: _____ No: _____
- The additional unit has been vacant since: _____
- The subject relative resides in unit number: _____

Please return completed form to:

City of Rochester
Inspection & Compliance Bureau
City Hall - 30 church Street
Room 028 B
Rochester, NY 14614
Phone: (585)428-6520
Fax: (585)428-6287

Owners Signature

Date: _____