



Application for Waiver from  
the Interior Inspection for Securing a  
One or Two-Family Certificate of Occupancy

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 one or two-family dwelling listed above, hereby swear that I qualify for a Waiver from the Interior Inspection for securing a Certificate of Occupancy for the dwelling(s) listed below. **You must complete All Sections below:**

**(A) The following unit(s) passed an inspection within the past year by RHA as part of the Section 8 Program.**

**(If this applies to both units in a two-family dwelling, you must list each unit separately):**

Apartment #: \_\_\_\_\_ Date of most recent RHA Inspection: \_\_\_\_\_

Apartment #: \_\_\_\_\_ Date of most recent RHA Inspection: \_\_\_\_\_

(The City of Rochester will obtain a copy of the required RHA Inspection Report(s).)

**(B)  The unit(s) in question were not found to have interior deteriorated paint by RHA during the inspection referenced above.**

**(C)  Required to be completed for the unit(s) listed above**

The unit(s) have working smoke alarm(s) 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 carbon monoxide alarm(s) in the hallway within 15 feet of the sleeping area on the lowest level where there is a sleeping area.

**Please return completed form to:**

City of Rochester  
Buildings and Zoning  
City Hall - 30 Church Street, Room 121B  
Rochester, NY 14614  
Phone: (585) 428-6520  
Fax: (585) 428-6287

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date:

