



City of Rochester, NY

# ADMINISTRATIVE APPEALS AND REFERRALS

BUREAU OF BUILDINGS AND 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	Matthew Simonis (585) 428-6637 matthew.simonis@cityofrochester.gov	\$100
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	Anna Keller (585) 428-7761 Anna.keller@cityofrochester.gov	No Fee

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:** \_\_\_\_\_