



City of Rochester, NY

[FOR OFFICE USE ONLY]

FEE: _____ FILE NUMBER: _____

CHECKED BY: _____ DATE: _____

RESUBDIVISION Minor Transfers of Land and Lot Combinations

BUREAU OF BUILDINGS AND ZONING
CITY HALL, 30 CHURCH STREET, ROOM 125-B
ROCHESTER, NEW YORK 14614
(585) 428-7043

INSTRUCTIONS TO APPLICANT

Applications **MUST** be submitted by appointment. Please contact Dennis O'Brien by phone at (585) 428-7364 or by email at Dennis.OBrien@CityofRochester.Gov

Office Use	<u>APPLICATION REQUIREMENTS and INSTRUCTIONS:</u>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Two (2) copies of this completed application. 2. Obtain two (2) copies a Tax Map showing all of the parcels involved from Maps & Survey, City Hall, Room 225B. They will assist you in preparing this application and the required map. 3. Two (2) sets of City Tax Certificates for <u>each</u> of the parcels showing that the taxes are paid in full for the current tax season. City Treasurer, City Hall, Room 100A. 4. Two (2) sets of County Tax Certificates for <u>each</u> of the parcels showing that the taxes are paid in full for the current tax season. County Treasurer, County Office Building, 39 W. Main Street, Room B-2. 5. Fee: \$50.00. Fee can be paid for online (credit card) with a link provided by staff <i>or</i> by check made payable to the 'City of Rochester'.

1. **APPLICANT:** _____ **COMPANY NAME:** _____
ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____
PHONE: _____ **FAX:** _____
E-MAIL ADDRESS: _____

INTEREST IN PROPERTY: Owner _____ Lessee _____ Other _____

2. **OWNER:** _____
ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____
PHONE: _____ **FAX:** _____
E-MAIL ADDRESS: _____

3. **PROPERTY ADDRESS(ES)** _____ **CITY TAX ACCT. NO.** _____

4. The parcel(s) is/are presently held by the owner under deed(s) recorded in the Monroe County Clerk's Office as follows:

Date: _____ Liber: _____ Page: _____

Date: _____ Liber: _____ Page: _____

5. ZONING DISTRICT (SEE ZONING MAP) _____

6. ARE THERE BUILDINGS OR IMPROVEMENTS ON THE PARCEL(S)? YES ___ NO ___

ADDRESS(S)

TYPE OF BUILDING (single family, garage, etc.)

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 content of this application and do hereby consent to its submission and processing.

SIGNATURE: _____ DATE: _____

SAMPLE MAP

