

[FOR OFFICE USE ONLY]		
FEE:	FILE NUMBER:	
CHECKED BY:	DATE:	

RESUBDIVISION Minor Transfers of Land and Lot Combinations

DIVISION OF 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	APPLICATION REQUIREMENTS and INSTRUCTIONS:				
	 Two (2) copies of this completed application. 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. Two (2) sets of City Tax Certificates for each of the parcels showing that the taxes are paid in full for the current tax season. City Treasurer, City Hall, Room 100A. Two (2) sets of County Tax Certificates for each 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. 				
ADI PHO	PLICANT: DRESS: DNE:	CITY:	ZIP CODE:		
INT	EREST IN PROPERTY: Owner	Lessee	Other		
ADI PH(E-M	NER: DRESS: DNE: IAIL ADDRESS:	_ CITY: FAX:			
3. PRO	OPERTY ADDRESS(ES)	CITY TAX A	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					
tha	•		is application is complete and accurate, and n accordance with the conditions and terms of			
SIGNATURE:			DATE:			
	VNER (if other than above): I do hereby consent to its sub		d myself with the content of this application			
SIC	GNATURE:		DATE:			
SAMPLE MAP						

