Neighborhood and Business Development City Hall Room 125B, 30 Church Street Rochester, New York 14614-1290 www.cityofrochester.gov

SELF-SERVE PERMITTING INSTRUCTIONS

RESUBDIVISIONS (minor transfer of land and lot combinations)

Helpful Information:

Attached is the application form which lists the submission requirements. Since not all City offices are open to the public, please contact Mary Kerr at 428-6590 or mary.kerr@cityofrochester.gov to assist you in obtaining City tax maps (#2 on attached application).

Submission Requirements:

- ✓ Two copies of attached application
- ✓ Two copies of the Tax Map (see above on how to obtain)
- ✓ Two copies of City Tax Certificates-must show taxes of all parcels have been paid in full for the current tax season
- ✓ Two copies of County Tax Certificates must show taxes of all parcels have been paid in full for the current tax season
- ✓ Fee \$50

How to submit: In person appointments are currently not being accepted, so you can submit your completed application along with all required documents in any of the following ways:

- Use the drop box provided in our self-serve area, room 121B.
- Email your request to: <u>mary.kerr@cityofrocherster.gov</u> (payment must be made via the drop box or US mail)
- Mail to us at: Buildings and Zoning Permits-Attention Mary Kerr 30 Church Street, Room 121B Rochester, NY 14614

If you have any questions, please call 428-6590.

Phone: 585.428.7043 EMAIL: zoning@cityofrochester.gov EEO/ADA Employer



[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 Mary Kerr by phone at (585) 428-6590 or by email at mary.kerr@cityofrochester.gov.

email at	email at mary.kerr@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. Fee: \$50.00. 						
1. AP	APPLICANT: COMPANY NAME:						
AD	DRESS:	CITY:	ZIP CODE:				
PH	ONE:	FAX:					
E-N	E-MAIL ADDRESS:						
	TEREST IN PROPERTY: Owner						
ADDRESS:							
PHONE: FAX:							
E-N	E-MAIL ADDRESS:						
3. PRO	ROPERTY ADDRESS(ES) CITY TAX ACCT. NO.						

4.	. The parcel(s) is/are presently held by the owner under deed(s) recorded in the Monroe CorClerk'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						
	ADDRESS(S)	DRESS(S) TYPE OF BUILDING (single family, garage, etc.)				
tha	•		nis application is complete and accurate, and n accordance with the conditions and terms o			
SIGNATURE:			DATE:			
	VNER (if other than above): I do hereby consent to its sul		ed myself with the content of this application			
SIC	GNATURE:		DATE:			
		SAMPLE MA	P			

