



City of Rochester, New York
 Bureau of Buildings and Zoning
 Permit Office Room 121B
 30 Church Street
 Rochester, New York 14614

Certificate of Occupancy Application (Office Use Only)

Case No. _____ Legal Use _____
 C of O No. _____ Permit No. _____
 Inspect Date: _____ CZC No. _____

1. BUILDING INFORMATION

Address: _____ Garage (# of cars) _____ Is it Attached _____ or Detached _____

Is the property vacant: [] Yes [] No If yes, date vacancy began: _____

2. APPLICANT INFORMATION: [] OWNER [] AGENT

The applicant acknowledges that the information contained in this application is true to the best of their knowledge:

Applicant name: _____ Phone: _____

Address _____ City: _____ State: _____ Zip: _____

Applicant Signature _____ Date _____

3. INSPECTION CONSENT: (must check one)

[] I, _____, am the owner/agent of the above referenced property. I have retained legal custody and control over the property to have it inspected. I do agree and consent to allow the City to inspect the property in its entirety as part of the City requirement for a Certificate of Occupancy. Inspection permission includes the initial inspection, any and all necessary reinspection and audit inspections until such time as a Certificate of Occupancy is issued.

[] I do not consent to have my property inspected by the City of Rochester and I understand that the City of Rochester may make an application for an administrative inspection warrant which may cause a delay in processing the application for a Certificate of Occupancy.

4. BUILDING OWNER'S REGISTRY: The following information is required per §90-20 of the City of Rochester Code.

PROPERTY OWNER:

Name: _____

Address: _____
(Cannot be a PO Box) (include City or Town)

Zip: _____ Phone: _____

PROPERTY MAINTENANCE CONTACT: (Must be a Natural Person)

Name: _____

Address: _____
(Cannot be a PO Box) (include City or Town)

Zip: _____ Phone: _____

OFFICE USE ONLY

CAUSE: [] New [] Alteration [] Change Use [] Transfer [] Reoccupation [] Renewal [] Partial _____

Posting Occupancy: _____ Construction Type: _____ # of Stories: _____ Sprinkler System: Yes [] No []

Final C of O shall read: _____

BLDG. CODE APPROVAL: _____

ZONING APPROVAL: _____ Date: _____

List any conditions of zoning approval which shall be stated on the final C of O:

FEE: _____ If Paid By: _____

PENALTY FEE APPLIES AFTER DATE ABOVE