



CERTIFICATE OF OCCUPANCY FEES

TYPE OF PROPERTY	FEE
Single Family Dwelling	\$60
Two Family Dwelling	\$80
Multiple Dwellings with 3, 4, or 5 dwelling units or Rooming House	\$100
Multiple Dwellings with more than 5 dwelling units	\$100 + \$10 for each unit over 5 (maximum \$200)
Mixed Use Buildings (contains at least one non-residential tenant space and at least one or more dwelling unit)	\$100 + \$10 for each commercial or residential unit over 5 (maximum \$200)

- **Checks or money orders only, payable to: “City Treasurer”;** staple or paperclip to application.
- **Put completed application and attached payment in an envelope provided by drop box and check “C of O Documents”**
- **Place envelope in drop box in Permit Office (can also to mail to us at address on application)**
- **You will be mailed an appointment time and date.**
- **Any questions, please email us at: cofo@cityofrochester.gov or call 428-6520**





City of Rochester, New York
 Bureau of Buildings and Zoning
 Code Enforcement Room 028B
 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) _____ Attached or Detached (circle)
 Is the property vacant: Yes No If yes, date vacancy began: _____

2. APPLICANT INFORMATION: Owner Tenant 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: _____

3. BUILDING OWNER'S REGISTRY REQUIRED * : (required per §90-20 of the City Code)

<p>a. PROPERTY OWNER: <input type="checkbox"/> Check if same as applicant above</p> <p>Name: _____ Address: _____ <small>(Cannot be a PO Box) (include City or Town)</small> Zip: _____ Phone: _____</p>	<p>b. PROPERTY MAINTENANCE CONTACT: (check if same as:) <input type="checkbox"/> Owner <input type="checkbox"/> Applicant (check both if applicable)</p> <p>Name: _____ <small>(Must be an actual person)</small> Address: _____ <small>(Cannot be a PO Box) (include City or Town)</small> Zip: _____ Phone: _____</p>
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* Failure to provide the above information will result in a violation per §90-20 of the City Code.

4. 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.

5. APPLICANT SIGNATURE: _____ DATE: _____

----- 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: _____

FEE: _____ If Paid By: _____
PENALTY FEE APPLIES AFTER DATE ABOVE

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

