

Certificate of Occupancy Exemption Application (One and Two Family Dwellings)

PROPERTY ADDRESS:	
PROPERTY OWNER'S NAME:	
PROPERTY OWNER'S PHONE:	
I, the owner of the above listed one or two family dwelling he listed one or two family dwelling he listed one or two family dwelling he my spouse my child occupy(ies) the above property as a primary residence and Certificate of Occupancy requirement.	my parent my sibling
Occupant's name: (must be: spouse, child, parent, or sibling of t	he owner)
I have provided the following as proof of relation and reside	
PROOF OF RELATION:	
Birth Certificate (must show parentage) Marriage License	Other or Owner Occupied
PROOF OF RESIDENCY:	
	t statement addressed to myself (if owner occupied ubject property which was mailed within the last 30 THE CITY OF ROCHESTER.
I further attest to the following (both are required):	
	he following locations: each sleeping room, hallways in the dwelling unit, including basements and cellars
The unit(s) have a working carbon monoxide all sleeping area	larm in hallways within 15 feet of the lowest leve
I hereby swear that the above information is true to the best	t of my knowledge:
Owner's Signature	Date
Submit in person or mail completed form along with proof to:	The Bureau of Buildings & Compliance Room 028B, 30 Church Street Rochester, New York 14614 www.cityofrochester.gov

Phone: 585.428.6520 cofo@cityofrochester.gov TTY: 585. 428.6054 EEO/ADA

