



City of Rochester, NY

# ADMINISTRATIVE APPEALS AND REFERRALS

DIVISION OF ZONING  
CITY HALL, 30 CHURCH STREET, ROOM 125B  
ROCHESTER, NEW YORK 14614

## APPLICATION

APPLICATIONS ARE ACCEPTED BY APPOINTMENT ONLY. See below for contact information.

The appeal of the following shall be made within <b><u>60 days</u></b> of the decision.	Contact	Fee
1. ____ Administrative Adjustment 2. ____ Certificate of Nonconformity 3. ____ Interpretation 4. ____ Certificate of Zoning Compliance	Melissa Phillips (585) 428-7054 Melissa.Phillips@CityofRochester.gov	\$100
The referral or appeal of the following shall be made within <b><u>30 days</u></b> .		
1. ____ Site Plan Review 2. ____ Modifications to a Cluster Development	Jasmine Meyers (585) 428-8822 Jasmine.Meyers@CityofRochester.gov	No Fee
Office Use	<b><u>APPLICATION REQUIREMENTS:</u></b>	
<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	1. Two (2) copies of this application. 2. One (1) copy of all information or documentation supporting and relating to your application. 3. Fee, if applicable.	

1. PROJECT ADDRESS(ES): \_\_\_\_\_

2. FILE NUMBER, IF APPLICABLE: \_\_\_\_\_ 3. DATE DECISION ISSUED: \_\_\_\_\_

4. APPLICANT: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

5. REASON FOR APPEAL (attach additional sheets, if necessary): \_\_\_\_\_

APPLICANT: I certify that the information supplied on this application is complete and accurate.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_