

TOWN OF NORTH EAST

OFFICE OF THE BUILDING INSPECTOR

19 N. Maple Ave, Millerton, New York 12450

Phone 518-789-3300 x 607 Fax: 518-789-3399

APPLICATION FOR CERTIFICATE OF OCCUPANCY

IDENTIFICATION OF APPLICANT:

NAME OF OWNER _____ PHONE NO _____
PARCEL GRID NO. _____ 911 ADDRESS _____ ZONING DISTRICT _____
SUBDIVISION NAME _____ SUB LOT NO. _____
MAILING ADDRESS _____ ZIP CODE _____
APPLICANT'S NAME _____ PHONE NO _____

(If other than owner written consent must be received from owner)

BUILDING PERMIT NO. _____

DESCRIPTION OF WORK COMPLETED: _____

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, DEPARTMENT OF PLANNING, ZONING, AND BUILDING PURSUANT TO THE N.Y.S. UNIFORM FIRE PREVENTION & BUILDING CODE & THE CODE OF THE TOWN OF NORTH EAST AS ADOPTED BY THE TOWN BOARD. THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

SIGNATURE OF APPLICANT _____ DATE _____
(Must be signed in office)

OFFICE USE ONLY

THE FOLLOWING DOCUMENTS HAVE BEEN SUBMITTED AND ARE ON FILE IN THE BUILDING DEPARTMENT:

(Please check appropriate boxes)

- ALL NECESSARY INSPECTIONS DOCUMENTED
- ZBA/PB APPROVAL DATES (if applicable) _____
- ELECTRICAL CERTIFICATE #: _____
- DRIVEWAY CONSTRUCTION COMPLIANCE
- HEALTH DEPARTMENT APPROVAL _____
- HVAC SERVICE TAG & BALANCE REPORT
- BOILER CERTIFICATE & SERVICE TAG
- _____

CERTIFICATE OF OCCUPANCY NO. _____

DATE ISSUED _____

BUILDING INSPECTOR _____

DATE SIGNED _____