

BUILDING INFORMATION: PROPERTY ADDRESS: _____

Fee _____ Inspection set for date: _____ C/O Expires/Expired on: _____

Occupancy: [] Single Family [] 2-Family [] 3- Family [] Apartments [] Combo – stores/apartments [] Rooming Hse

Tax Map Parcel #(s): _____ Assessment Code _____ Zoning District _____

CERTIFICATE OF OCCUPANCY TYPE

[] New [] Alteration [] Change Use [] Transfer [] Reoccupation [] Partial

[] Conditional, Expiration Date _____ [] Renewal [] Other _____

Unit Number _____	Number of bedrooms _____	Unit Number _____	Number of bedrooms _____
Unit Number _____	Number of bedrooms _____	Unit Number _____	Number of bedrooms _____
Unit Number _____	Number of bedrooms _____	Unit Number _____	Number of bedrooms _____

(Use separate sheet to list any others)

Check which apply:

Alarm System: Security _____ Fire _____ Fire/Security _____ Auto Dialer _____ or local alarm _____

System Type: Electrical _____ Battery device _____ Combination electrical/battery _____

[] Smoke Alarm Record Keeping Provided (sent / /) Smoke Alarm devices operational? yes___ no___

Carbon-Monoxide Detection Type: Electrical Fixed _____ Electrical Plug-in _____ C/O Devices operational? yes___ no___

Heating: Forced Air _____ Boiler _____ Electrical _____ Other _____ Date of Last Service: _____

APPLICANT / OWNER INFORMATION - Certification of Statements

Applicant Signature _____ Date _____

Owner Name Printed/Typed _____

Owner's Signature _____

Applicant Name Printed/Typed _____

Mailing Address _____

Mailing Address _____

Phone # _____ / Fax # _____ / Pager # _____

Phone# _____ /Fax # _____ /Pager # _____

Cell # _____ / E-mail _____

Email _____ / Cell # _____

Business Phone # _____ / Work Phone # _____

Emergency Contact Information:		
Name _____	Phone # _____	Cell # _____

The applicant(s) hereby affirms that the above information is accurate and complete, to the best of his/her knowledge and he/she/they is/are the title owner(s) of the property or has/have been authorized by the title owner(s) to make this application.

Please return completed form to: Building Department Village of Brockport, 49 State Street, Brockport, NY 14420 (585) 637-1047 email: szarnstorff@brockportny.org

The property has been inspected and found to be in substantial compliance with applicable codes.

Building Inspector

Date