

VILLAGE OF BROCKPORT RESIDENTIAL RENTAL CERTIFICATE OF OCCUPANCY APPLICATION

BUILDING INFORMATION: PROPERTY ADDRESS: _____

Tax Map Parcel #(s): _____ Inspection date/time: _____ C/O Expiry: _____

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

Assessment Code _____ Zoning District _____ Smoke alarm recordkeeping: [] sent / / [] N/A

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

(Use separate sheet to list any others)

Check which apply:

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

Smoke Alarm Type: Electrical _____ Battery device _____ Combination electrical/battery _____

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 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.

Applicant Name Printed/Typed _____

Owner Name Printed/Typed _____

Applicant Signature _____ Date _____

Owner's Signature _____ Date _____

Street Address _____

Street Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Cell # _____ Landline # [] home [] work

Cell # _____ Landline # [] home [] work

Email _____

Email _____

Emergency Contact Information:		
Name _____	Cell # _____	Landline [] home [] work _____

Emergency Contact Information:		
Name _____	Cell # _____	Landline [] home [] work _____

Please return completed form to: Building Department, Village of Brockport, 49 State Street, Brockport, NY 14420

(585) 637-5300 x14 email: dmiller@brockportny.org

FEE: \$ _____

CERTIFICATE OF OCCUPANCY TYPE:
 [] Renewal [] Transfer [] New [] Conditional, Expiration Date _____
 [] Reoccupation [] Alteration [] Change Use [] Other _____

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

Building Inspector

Date