

**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 \_\_\_\_\_ Construction Type \_\_\_\_\_ Flood Zone? \_\_\_\_\_

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 \_\_\_\_\_  
 Carbon-Monoxide Detection Type: Electrical \_\_\_\_\_ Battery \_\_\_\_\_ Combination \_\_\_\_\_  
 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.

*Please complete if applicant differs from owner:*

Owner Name (Print) \_\_\_\_\_

Applicant Name (Print) \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # [ ] cell [ ] home [ ] work \_\_\_\_\_ DOB (DD/MM/YY) \_\_\_\_\_

Phone # [ ] cell [ ] home [ ] work \_\_\_\_\_ DOB (DD/MM/YY) \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

<b>Emergency Contact Information:</b>	
_____	_____
Name	Phone #

<b>Emergency Contact Information:</b>	
_____	_____
Name	Phone #

**Please return completed form to:** Building Department, Village of Brockport, 49 State Street, Brockport, NY 14420  
 (585) 637-5300 x14 email: kbrown@brockportny.org

**FEE:** \$ \_\_\_\_\_ **CERTIFICATE OF OCCUPANCY TYPE:**  
 [ ] Renewal [ ] Transfer [ ] New [ ] Conditional, Expiration Date \_\_\_\_\_

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

\_\_\_\_\_  
 Building Inspector

\_\_\_\_\_  
 Date