

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 _____

Table with 4 columns: Unit Number, Number of bedrooms, Unit Number, Number of bedrooms. Includes a note: (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

Form with fields for Applicant Signature, Date, Applicant Name Printed/Typed, Mailing Address, Phone#, Fax #, Pager #, Cell #, E-mail, Business Phone #, Work Phone #, and Emergency Contact Information table.

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) 637-5300 Ext 14 email: dmiller@brockportny.org

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

Building Inspector _____ Date _____