

# **VILLAGE OF MILLERTON**

Building Department 21 DUTCHESS AVENUE PO BOX 528 MILLERTON, NY 12546 PHONE 518-789-4489 FAX 518-789-6764 E-MAIL clerk@VillageofMillerton.com

## APPLICATION FOR CERTIFICATE OF OCCUPANCY/COMPLIANCE/ USE

#### **IDENTIFICATION OF APPLICANT:**

APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_\_ OWNER OF RECORD: \_\_\_\_\_\_ (If other than applicant)

### **IDENTIFICATION OF PROPERTY:**

TAX MAP GRID NUMBER:\_\_\_\_\_

LOCATION (ADDRESS):

COMPLETED PROJECT (Description)\_\_\_\_\_

### BUILDING/DEMOLITION/MERCHANICAL PERMIT NO.

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR PURSUANT TO THE N.Y.S. UNIFORM FIRE PREVENTION & BUILDING CODE & THE CODE OF THE VILLAGE OF MILLERTON AS ADOPTED BY THE VILLAGE BOARD. THE APPLICAT / OWNER AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

SIGNATURE OF APPLICNT / OWNER: \_\_\_\_\_\_DATE: \_\_\_\_\_DATE: \_\_\_\_\_

PLEASE FILL OUT, SIGN, AND NOTARIZE THE AFFIDAVIT ON THE BACK OF THIS FORM

#### **AFFIDAVIT OF COMPLETION OF CONSTRUCTION** TO BE FILLED OUT UPON COMPLETION OF THE PROJECT

STATE OF NEW YORK COUNTY OF DUTCHESS

\_\_\_\_\_, BEING DULY SWORN, DEPOSES AND SAYS: THAT HE / SHE

Applicant or Owner (please print)

IS THE APPLICANT OR OWNER NAMED IN THE APPLICATION FOR BUILDING/ MECHANICAL PERMIT NO. \_\_\_\_\_\_ DATED \_\_\_\_\_\_ RELATING TO CONDTRUCTION OR OTHER WORK TO BE PERFORMED ON, OR IN CONNECTION WITH, THE PREMISES LOCATED AS INDICATED ON THE APPLICATION;

APPLICANT / OWNER STATES THAT HE / SHE HAS EXAMINED THE APPROVED PLANS ANS THAT TO THE BEST OF HIS / HER KNOWLEDGE AND BELIEF, THE STRUCTURE HAS BEEN ERECTED IN ACCORDANCE THEREWITH AND IN ACCORDANCE WITH THE APPLICABLE PROVISION OF THE LAW.

SIGNATURE OF APPLICANT / OWNER

SWORN TO ME

THIS \_\_\_\_\_\_ DAY OF \_\_\_\_\_\_ 20\_\_\_\_\_

NOTARY PUBLIC