



CITY OF MOUNT VERNON, NY
DEPARTMENT OF BUILDINGS

SHAWYN PATTERSON-HOWARD
Mayor

City Hall – One Roosevelt Square
Mount Vernon, NY 10550
(914) 665-2483 Fax (914) 465-2988
www.cmvny.com

Patrick G. Holder, R.A.
Commissioner

Dawnette McLaren-Nelson
2nd Deputy Commissioner

VACANT APARTMENT INSPECTION

BE ADVISED THAT YOU MUST SUBMIT A COPY OF THE CERTIFICATE OF OCCUPANCY FOR THE PREMISES FOR EACH REQUEST OF VACANT APARTMENT INSPECTION.

SUBMIT PROOF THAT THE VACANT APARTMENT HAS BEEN EXTERMINATED WITHIN FIVE DAYS OF YOUR APPLICATION FOR INSPECTION AND MAKE SURE THAT SMOKE AND CARBON MONOXIDE DETECTING DEVICES ARE INSTALLED AND OPERATIONAL AS REQUIRED BY CODES

For a one-story apartment:

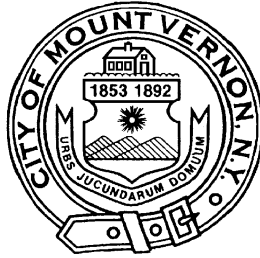
One smoke detecting device in each bedroom

One smoke detecting device outside the sleeping areas

One carbon monoxide detecting device per apartment, located away from the kitchen, the bathrooms and fuel burning appliances.

ALSO, BE ADVISED THAT THE COMMON AREAS OF THE BUILDING, INCLUDING THE GROUNDS, MUST BE IN GOOD REPAIRS AND MAINTAINED PROPERLY.

INSPECTION FEE: \$125.00 PER DWELLING UNIT - CASHIER'S (BANK) CHECK OR MONEY ORDER ONLY; MADE PAYABLE TO CITY OF MOUNT VERNON



PATRICK G. HOLDER, R.A.
COMMISSIONER

DAWNETTE MCLAREN-NELSON
2ND DEPUTY COMMISSIONER

SHAWYN PATTERSON-HOWARD
MAYOR

ASSIGNED TO: _____

**APPLICATION FOR VACANT APARTMENT INSPECTION
FOR THE YEAR 2022-2023**

NO: _____

FEE: \$125.00 _____
AFTER 30 DAYS VACANCY INSPECTION IS VOID

DATE: _____

RECEIPT: _____

LOCATION: _____

APT# _____ : AN APARTMENT NOT READY FOR INSPECTION OR
LOCKED SHALL BE CHARGED A \$90.00. RE-INSPECTION FEE.

NUMBER OF DWELLING UNITS _____

OWNER'S INFO: _____
NAME ADDRESS PHONE

AGENT'S INFO: _____
NAME ADDRESS PHONE

CHECK ONE: SEC. 8 _____ D.S.S. _____ OTHER _____

DO NOT WRITE IN CHART – FOR INSPECTORS USE ONLY

THIS APPLICATION DOES NOT LIMIT INSPECTION TO THE ABOVE MENTIONED INDIVIDUAL DWELLING

BLOCK _____ LOT(S) _____ C/O _____ OPEN VIOLATIONS: YES/NO

ROOM	S.F.	OCC.	ELECTR.	WINDOWS OR DOORS	FLOORS WALL CEILING	FIXTURES APP.	EXTERMIN. SERVICES PRIOR TO RENTAL	SMOKE / CARBON DETECTORS
LIVING ROOM								
KITCHEN								
BATHROOM								
BEDROOM 1								
BEDROOM 2								
BEDROOM 3								
BEDROOM 4								
TOTALS								

GENERAL: Window Guards, Stairs, Rails, Gutters, Roof, Hallways, Exit, Elevators, Smoke Detectors, Carbon Monoxide Detectors, Garbage, and Infestation.

APPOINTMENT DATE: _____ TIME: _____ RE-INSPECTION DATE: _____ TIME: _____

THE SIGNATURE BELOW CERTIFIES THAT THE ABOVE - DESCRIBED DWELLING UNIT HAS BEEN INSPECTED BY THE UNDERSIGNED AND THERE ARE NO VIOLATIONS.

MAXIMUM PERSONS PERMITTED: _____ DATED: _____

INSPECTOR: _____ COMMISSIONER/DEPUTY COMMISSIONER: _____

This is to certify that I, _____ the Owner, and / or Agent for Owner give the Prospective Tenant _____, the right to apply
_____, and / or pick up _____ the above application Form for the said.

Notarized _____ Date _____ Signature _____