



CERTIFICATE OF OCCUPANCY APPLICATION

Application No _____ Taken by _____ Date filed _____
Fee _____ Receipt No _____

PART A

(To be completed by applicant. Print clearly.)

1. Location of property:

Address _____

Map page _____ Block _____ Lots _____ District _____

2. Use of building / property: _____

Number of dwelling units: _____

3. Construction type: _____ **Number of stories:** _____

4. Fire detection: (check all applicable boxes)

Smoke detectors CO detectors Fire alarm Other: _____

5. Fire suppression: (check all applicable boxes)

None Sprinkler system Other: _____

6. Number of off-street parking spaces: Outdoor: _____ Indoor: _____

Number of off-street loading spaces: Outdoor: _____ Indoor: _____

7. This property obtained the following approvals :(most recent approval only)

Building Permit No. _____

Site Plan No Yes, resolution # _____ with conditions No Yes

Special Use Permit No Yes, resolution # _____ with conditions No Yes

Zoning Board No Yes, cal.# _____ with conditions No Yes

Architectural Review Board No Yes, resolution # _____ with conditions No Yes

Health Department No Yes Other City, County and State agency (list all approvals with dates):

Owner's name: _____ **tel.:** _____ **fax:** _____

Address: _____ **city/state/zip:** _____

e-mail: _____

Applicant's name: _____ **tel.:** _____ **fax:** _____

Address: _____ **city/state/zip:** _____

e-mail: _____

PART C- APPLICANT'S AFFIDAVIT

State of New York
County of Westchester} ss:

_____ being duly sworn, deposes and says: that _____
Name of Applicant-Printed- Footnotes 1 & 2 Name of Owner-Printed - Footnote 1.

_____ is the owner in fee of the premises to which this application applies; that she/he (applicant) is duly authorized to make this application; and that the statements contained herein are true to the best of his/her knowledge and belief; and that an application for a Certificate of Occupancy is hereby made to the City of Mount Vernon Department of Buildings for the above described property; and that all provisions of the City of Mount Vernon Zoning Code, the New York State Uniform Fire Prevention and Building Code, and all other applicable laws, rules and regulations shall be complied with before said Certificate of Occupancy is issued and shall continue to be complied with thereafter.

Sworn to before me this _____

Signature of Applicant

Day of _____ 20_____

Signature of Notary/Commissioner of Deeds

- 1. If the owner is the applicant, he/she shall print his/her name as both where requested and sign as applicant.
- 2. If the owner is a corporation, the applicant shall be a principal officer of the corporation or a duly authorized agent.

PART D- INSTALLATION OF SMOKE AND CARBON MONOXIDE DETECTION DEVICES

State of New York
County of Westchester} ss:

I, _____, hereby certify that smoke and carbon monoxide detecting devices
Name of Applicant-Printe)
are installed in accordance with New York State Uniform Fire Prevention and Building Code .

Sworn to before me this _____

Signature of Applicant

Day of _____ 20_____

Signature of Notary/Commissioner of Deeds

Part E- EXISTING CONDITIONS

To be completed when the approved plans on records represent the current conditions of the building.

State of New York
County of Westchester} ss:

I, _____, hereby certify that the approved plans for the premises, which are
Name of Applicant
on records with the City of Mount Vernon Department of Buildings, depict the current conditions of the premises, and that the dimensions of the clear opening and glazing of the windows shown on these plans have not been reduced in size.

Sworn to before me this _____

Signature of Applicant

Day of _____ 20_____

Signature of Notary-Commissioner of Deeds

(For official use only)

This is to certify that the premises have been inspected and approved by the undersigned for the use and occupancy applied for in this application (Print name and sign):

Building Department: _____	Print	Sign	Date
Plumbing Superintendent: _____	Print	Sign	Date
Fire Department: _____	Print	Sign	Date
Water Department: _____	Print	Sign	Date
Public Works: _____	Print	Sign	Date
Electrical Inspector: _____	Print	Sign	Date
Elevator Inspector: _____	Print	Sign	Date

SAMPLE OF TABLES FOR OCCUPANCY OF BUILDING:

Sample 1: 2-story building with basement-Each floor is 3,000 sq ft. and is occupied as follows:

Basement: storage and boiler room. First Floor: 1 retail store and 1 restaurant- each one of them will apply for its own certificate of tenancy. Second floor: two 1-bedroom apartment with one bathroom, and one 3-bedroom apartment with two bathrooms each.

Floor Level	Residential Use		Non-Residential Use	
	# APTS	DISTRIBUTION AND DESCRIPTION	AREA	USES
Basement	0	N/A	3,000 sq. ft	Storage-boiler room
1 st Floor	0	N/A	3,000 sq. ft	1 retail store & 1 restaurant
2 nd Floor	3	(2) 1-BR/1K/1B & (1) 3-BR/1K/2B	0	N/A

Sample 2: 10,000 sq.ft., one-story building, with a mezzanine and no basement, used as wholesale business:

Floor Level	Residential Use		Non-Residential Use	
	# APTS	DISTRIBUTION AND DESCRIPTION	AREA	USES
1 st Floor	0	N/A	10,000 sq.ft.	5 offices, 2 HC toilets, warehousing, boiler room.
Mezzanine	0	N/A	1,200 sq.ft.	1 office w/1 toilet, 1 conference room, 1 lunchroom w/kitchen.

Sample 3: Two-family dwelling, duplex, 2story with basement and two 1-car garages.

Floor Level	Residential Use		Non-Residential Use	
	# APTS	DISTRIBUTION AND DESCRIPTION	AREA	USES
Basement	-	(2) 1-car garages, boiler room, laundry	N/A	N/A
1 st Floor	2 apts	Apt 1:LR/DR, K, ½ B & Apt 2: LR/DR, K, ½ B	N/A.	N/A
2 nd Floor	-	Apt 1: 3 Br, 2 B & Apt 2: 3BR, 2 B	N/A	N/A

Documents to Submit to Apply For a Certificate of Occupancy

Failure to submit ALL the documents listed below will result in a delay in the scheduling of the required inspections.

1. Documents to be submitted according to the type of Certificate of Occupancy you are applying for:
 - **New Buildings, structures and/or land use:**
 - a) One application: parts A, B and C must be completed.
 - b) One as-built survey, showing all site improvements, including utilities connections, drywell, site drainage, sidewalk, distance to nearest street corner, setbacks, trees, etc...
 - c) Color photographs of each building elevation.
 - d) Signed and notarized permit holder affidavit(s).
 - **Existing Buildings for which approved plans depicting the current conditions are NOT on records with the Department of Buildings:**
 - a) One application: parts A, B, C and D must be completed.
 - b) One set of as-built plans, prepared by a New York State licensed architect or engineer. The as-built plans shall include a site plan of the property, locating off-street parking and loading spaces, and floor plans of each story. The plans shall bear the following certification to be signed and sealed by the registered design professional:
“I, (name of registered design professional), certify that these plans represent the current conditions of the building and property.”
 - c) Survey of the property showing all sites improvements, sidewalk, distance to nearest street corner, setbacks, trees, etc...
 - d) Pictures of each building elevation.
 - **Existing Buildings for which approved plans of the existing conditions are on records with the Department of Buildings:**
 - a) One application: parts A, B, C, D and E must be completed.
 - b) Survey of the property showing all sites improvements, sidewalk, distance to nearest street corner, setbacks, trees, etc...
 - c) Pictures of each building elevation.

The following documents must be submitted for all types of application:

2. Letter of authorization, signed by owner and notarized, naming applicant as owner's agent for the filing of this application. This letter of authorization is **only** required if the applicant is not the owner of the property.
 - Fee: **Cashier's (bank) check or money order only made payable to the City of Mount Vernon**
Residential use: \$200.00 plus \$100.00 per dwelling unit.
 - *Other use: \$350.00 per 5,000 sq.ft of gross floor area of non-residential use.*
3. The Fire Department inspection fee must be paid directly to the Fire Prevention Bureau, located at 470 E Lincoln Avenue, prior to the scheduling of the inspection on a Thursday. You may contact the Fire Prevention Bureau at 914-665-2616 to inquire about their inspection fees.
4. The electrical inspection must be scheduled by the applicant or the applicant's electrician. See attached list of acceptable Electrical Inspection companies.

Inspections for a Certificate of Occupancy are conducted on Thursdays between the hours of 9:00a.m and 2:00p.m. The inspectors must be given access to every part of the building and site, including every dwelling unit and tenant space, on the day the inspections are scheduled. You will be notified in advance of the date on which the inspections will be conducted. Please, make sure that your tenants will provide access to the inspectors, and that you or your designated agent will be available to accompany the inspectors throughout the entire property on the given day.

ELECTRICAL INSPECTION COMPANIES

1. STATE WIDE INSPECTION SERVICES

116 SOUTH CENTRAL AVENUE
ELMSFORD, NY 10523
TEL: 914-909-4471
FAX: 914-219-1062

2. NEW YORK ELECTRICAL INSPECTION SERVICES

150 WHITE PLAINS ROAD, SUITE 104
TARRYTOWN, NY 10591
TEL: 914-347-4390
FAX: 914-347-4394