

BUILDING DEPARTMENT

REQUEST FORM

DATE OF REQUEST: _____

TAX LOT DESIGNATION: MAP: _____ BLOCK: _____ LOT: _____

PROPERTY OWNER: _____

LOCATION: NO. _____ STREET _____ HAMLET _____

PLEASE CHECK APPROPRIATE REQUEST(S)

_____ Copy of Certificate of Occupancy
for original dwelling

_____ Copy of Certificate(s) of Occupancy
for any additional building permit(s)

B.P.# _____

*Note: Applicant should submit appropriate
building permit number(s)

_____ Search report

Includes copies of all Certificate(s) of Occupancy;
Violation Report; Affidavit if property Pre-Dates
Building & Zoning Codes; & Street Classification if Required

Street Classification Yes _____ No _____

REQUESTED BY: Name _____ Agency _____

MAILING ADDRESS: _____

TELEPHONE # _____