

TOWN OF LAGRANGE

APPLICATION FOR CERTIFICATE OF OCCUPANCY FOR NEW SINGLE FAMILY RESIDENCES

IDENTIFICATION OF APPLICANT:

NAME OF OWNER _____ PHONE _____

PARCEL GRID NO. _____ 911 ADDRESS _____

SUBDIVISION NAME _____ SUB. LOT NO. _____

MAILING ADDRESS _____ ZIP CODE _____

APPLICANT'S NAME _____ PHONE _____

(If other than owner written consent must be received from owner)

DESCRIPTION OF SINGLE-FAMILY RESIDENCE:

BUILDING PERMIT NO. _____

NO. OF STORIES: 1 1 1/2 2 2 1/2

TYPE HEAT: OIL GAS ELECTRIC

NO. BEDROOMS: 1 2 3 4 5

AIR CONDITIONING: YES NO

NO. BATHROOMS: 1 1 1/2 2 2 1/2 3 3 1/2

SEPTIC MUNICIPAL SEWER

FINISHED BASEMENT YES BLDG. PERMIT NO. _____ NO

WELL MUNICIPAL WATER

DECK(S) YES BLDG. PERMIT NO. _____ NO

NO. GARAGE BAYS: 1 2 3 4 5

GROSS SQUARE FOOTAGE OF RESIDENCE _____ SQ. FT.

ATTACHED HERETO & MADE A PART OF THIS APPLICATION I SUBMIT THE FOLLOWING DOCUMENTS:

(Please check appropriate boxes)

- AS BUILT PROPERTY SURVEY within approximately 30 days of this application
- TWO (2) SETS OF REVISED CONSTRUCTION PLANS & SPECIFICATIONS
- ELECTRICAL CERTIFICATE
- EROSION CONTROL BOND / GRADING BOND
- DRIVEWAY CONSTRUCTION COMPLIANCE
- HEALTH DEPARTMENT APPROVAL
- HVAC SERVICE TAG & BALANCE REPORT
- BOILER CERTIFICATE & SERVICE TAG

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, DEPARTMENT OF PLANNING, ZONING, AND BUILDING PURSUANT TO THE N.Y.S. UNIFORM FIRE PREVENTION & BUILDING CODE & THE CODE OF THE TOWN OF LAGRANGE AS ADOPTED BY THE TOWN BOARD. THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

SIGNATURE OF APPLICANT _____ DATE _____

(Must be signed in office)

OFFICE USE ONLY

CERTIFICATE OF OCCUPANCY NO. _____

DATE ISSUED _____