

TOWN OF LAGRANGE

APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR COMMERCIAL BUILDING

IDENTIFICATION OF APPLICANT:

NAME OF APPLICANT _____ PHONE NO. _____

MAILING ADDRESS _____ ZIP CODE _____

NAME OF PROPERTY OWNER _____ PHONE NO. _____

IDENTIFICATION OF PROPERTY

NAME OF BUSINESS _____ PHONE NO. _____

PARCEL GRID NO. _____ 911 ADDRESS _____

NAME OF PLAZA OR BUILDING (Know as) _____

TYPE OF BUSINESS PROPOSED (describe) _____

DESCRIPTION OF BUILDING _____ BUILDING PERMIT NO. _____

RETAIL OFFICE WAREHOUSE RESTAURANT FOOD SERVICE/DELI ASSEMBLY OTHER

NO. OF STORIES 1 1 1/2 2 2 1/2 AIR CONDITIONING: YES NO

TYPE OF HEAT: OIL GAS ELECTRIC

SEPTIC MUNICIPAL SEWER WELL MUNICIPAL WATER

GROSS SQUARE FOOTAGE OF BUILDING _____ SQ. FT. DIMENSIONS OF BUILDING _____ BY _____

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 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 _____