

**APPLICATION FOR UPDATED
CERTIFICATE OF OCCUPANCY**

Village of Sagaponack
PO Box 600
Sagaponack, NY 11962
631-537-0017 631-537-0612 (FAX)

Application No: _____
Permit No: _____

Date Issued: _____
Permit Fee: _____

INSTRUCTIONS

- A. The application form must be completed by typewriter or printed in ink.
- B. This application must be completed in every respect.
- C. If applicant is not the owner of the property, please include owner's consent form.
- D. Completion of Authorization and Consent of Inspection of Property.
- E. A recent survey less than one year old.
- F. Copies of all certificates of occupancies and/or compliances for all structures on the property.
- G. \$350.00 application fee.

PROPERTY LOCATION:

Tax Map Number: _____

Property Street Address: _____

Existing use of structure(s):

Residential _____ Commercial _____ Agricultural _____

STATE WHETHER APPLICANT IS:

OWNER _____ LESSEE _____ AGENT _____ ARCHITECT _____ BUILDER _____ OTHER _____

Owner of property: _____

Mailing Address of Owner: _____ Phone Number: _____

Applicant (if different from owner) _____

Address of Applicant: _____ Phone Number: _____

Application is hereby made to the Building Department for the issuance of an Updated Certificate of Occupancy as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

STATE OF NEW YORK,

COUNTY OF _____) ss:

_____ being duly sworn deposes and says that he/she is the
(Name of individual signing application)
applicant named, he/she is the _____ of said owner or owners, and is duly authorized to
(contractor, agent, corporate officer, owner, etc)
make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief.

Sworn to before me this
_____ day of _____, 20____

Notary Public _____ County

Signature of Applicant

Approved _____
Building Inspector