



# Village of Bronxville – Building Department

200 Pondfield Road, Bronxville, NY 10708

Telephone: (914) 337-7338 Fax: (914) 337-2683

## Application for Certificate of Occupancy for Pre-existing Buildings

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### Property Information:

House No. \_\_\_\_\_ Street Name \_\_\_\_\_ Sec \_\_\_\_\_ Bl \_\_\_\_\_ Lot \_\_\_\_\_

Property Owner: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone: Office (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

#### Submission Requirements:

You must enclose a copy of the current land survey with this application.

#### Fee Schedule

1 or 2 Family: \$125.00  
Multiple Family: \$125.00/family or unit  
Commercial: \$200.00/floor including basement  
Industrial: \$275.00/floor

### Building Description:

Type of Building:  One Family  Commercial  Multiple Family  Industrial

Please list use of rooms by story: (i.e. 1<sup>st</sup> Floor: Kitchen, Bath; etc.)

Basement or Cellar: \_\_\_\_\_

1<sup>st</sup> Floor: \_\_\_\_\_

2<sup>nd</sup> Floor: \_\_\_\_\_

3<sup>rd</sup> Floor: \_\_\_\_\_

Type of Garage:  Attached  Detached No. of Cars: \_\_\_\_\_

Are smoke detectors installed adjacent to all sleeping areas?  Yes  No

#### Office Use Only

Date Received	Application No.	Section	Block	Lot	Permit #	Fee Paid	Date Approved



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STATE OF NEW YORK

COUNTY OF WESTCHESTER

\_\_\_\_\_, being duly sworn, deposes and says that:  
(Print name of individual signing application)

1. **(He) / (She)** \_\_\_\_\_ Owner of \_\_\_\_\_  
(Indicate) (Address)  
Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ as described in the attached application, or if such owner is a corporation, an officer thereof:  
  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_  
\_\_\_\_\_

Note: If this application is not filed by the owner of the premises a separate affidavit from the owner authorizing such application to be made on their behalf is to be filed.

2. **(He) / (She)** is duly authorized to make and file this application; and  
(Indicate)
3. To the best of **(His) / (Her)** knowledge, information and belief all statements contained in this  
(Indicate)  
application are true, complete and correct.

\_\_\_\_\_  
(Applicant's Signature) Date: \_\_\_\_\_

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_