



# VILLAGE OF WASHINGTONVILLE

9 Fairlawn Drive, Washingtonville, New York 10992

Office: 845-496-7727 | Fax: 845-496-1990

Application # \_\_\_\_\_

Date \_\_\_\_\_

Tax Map \_\_\_\_\_

Fee Amount: **\$250.00** Check # \_\_\_\_\_

Zone \_\_\_\_\_

Property Address \_\_\_\_\_

Date Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

## **APPLICATION FOR CHANGE OF OCCUPANCY PERMIT**

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Change of Occupancy Permit, pursuant to the New York State Building Construction Code for the Construction of Buildings, additions, or alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances, and regulations. Upon approval of this application, the Building Department will issue a Permit to the applicant.

***No building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of Occupancy shall have been granted by the Building Department.***

### **APPLICANT INFORMATION:**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone #

Applicant is:    ☐ Owner        ☐ Lessee        ☐ Agent        ☐ Architect        ☐ Engineer        ☐ Contractor

\_\_\_\_\_  
If applicant is corporation: name, title, and signature of duly authorized officer.

### **PROPERTY INFORMATION:**

Location of Property where occupancy will be \_\_\_\_\_

Property Owner (If different from Applicant) Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Existing use and occupancy of property \_\_\_\_\_

Intended use and occupancy of property \_\_\_\_\_

Detailed Description of Use/Business:

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**FEES: \$250.00 ALL FEES ARE PAID AT THE TIME OF APPLICATION**

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*Consent of Property Owner if Applicant is not Property Owner:*

I, \_\_\_\_\_, am the owner in fee of the premises described in this application and have authorized \_\_\_\_\_ to make this application on my behalf.

Property Owner \_\_\_\_\_ Date \_\_\_\_\_

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**It is the applicant’s responsibility to call the Building Department to schedule inspection during construction and for the final Certificate of Occupancy upon completion.**

**\*\* PHYSICAL OR WINDOW SIGNAGE REQUIRES AN ARB APPLICATION\*\***

**Village of Washingtonville Building Department: (845) 496-7727**

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**OFFICE USE ONLY**

Permit Issued Date: \_\_\_\_\_  
Copy to applicant: Yes \_\_\_\_ No \_\_\_\_  
Revised Date: October 8,2024