



Incorporated Village Of Westhampton Beach
DEPARTMENT OF BUILDING AND ZONING
165 Mill Road
Westhampton Beach, New York 11978
(631) 288-3478 – Fax (631) 288-4332

PAUL HOULIHAN
Building & Zoning Administrator

BRIDGET NAPOLI
Ordinance Enforcement Officer

WILLAM HART
Fire Marshal

Updated Certificate of Occupancy Checklist and Application

In order to obtain an Updated Certificate of Occupancy for a parcel, it is necessary to provide the following:

1. Application must be completed in its entirety.
2. Copies of all Certificate of Occupancies / Compliances relating to the parcel.
3. All open Building Permits **MUST** be finalized before an Updated Certificate of Occupancy can be issued.
4. A correct Suffolk County Tax Map number must be on all documents.
5. An **UPDATED ORIGINAL** survey of the premises. *(This survey must be the original survey, and updated to include any and all structures, lot coverage, etc., on the property as of the date of the Updated Certificate of Occupancy application).*
6. Fee in the amount of \$100.00. (All checks are payable to the Village of Westhampton Beach)
7. Smoke Alarm and Carbon Monoxide Detector Affidavit (Annexed hereto)
8. If the name that the Certificate of Occupancy is being requested to be issued in has not been the owner for 12 months prior, than a copy of the Recorded Deed and/or Title must be furnished with the application.
9. Owner's Authorization (Annexed hereto)
10. Referenced Survey Affidavit (If applicable)



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All forms/applications/affidavits must be submitted and completed in their entirety, together with the application fee before an Updated Certificate of Occupancy application will be accepted.

NOTE: All issued Certificates of Occupancies will be mailed to the homeowner, please insure that the correct mailing address is listed.

Suffolk County Tax Map No.: 905 - _____ - _____ - _____

Present Owner Name: _____

Present Owner Address: _____

Property Location: _____, Westhampton Beach

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone No.: _____

FOR OFFICIAL USE ONLY

Application / Receipt No.: _____ Date Received: _____

Approval for Updated Certificate of Occupancy granted on: _____

 Building Inspectors Signature

 Dated



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UPDATED CERTIFICATE OF OCCUPANCY CHECKLIST

- (1) Is this a single family dwelling? Yes No
- (2) Is this a two-family dwelling? Yes No
- (3) Is this a multi-family dwelling? (more than 2 family) Yes No

If yes, how many families? _____

(4) Other residential: _____

(5) Commercial Building Used As: _____

- (6) Other structures:
- | | | | |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Basement | <input type="checkbox"/> One Story | <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Deck(s) |
| <input type="checkbox"/> Cellar | <input type="checkbox"/> Two Story | <input type="checkbox"/> Concrete Block | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Crawl Space | <input type="checkbox"/> _____ Story | <input type="checkbox"/> _____ | <input type="checkbox"/> Shed(s) |
| <input type="checkbox"/> Pilings | | | <input type="checkbox"/> Tennis Court(s) |
| <input type="checkbox"/> Slab | | | <input type="checkbox"/> Pool House |
| <input type="checkbox"/> _____ | | | <input type="checkbox"/> Gazebo |
| <input type="checkbox"/> _____ | | | <input type="checkbox"/> Garage (____ Car) |
| | | | <input type="checkbox"/> One Story |
| | | | <input type="checkbox"/> Two Story |

Home Professional Office (_____) _____

(8) Are there any obvious violations of the Fire Code & Property Maintenance Code of New York State? Yes No

(9) Are there any buildings or structures on the property that do not have Certificates of Occupancy or Certificates of Compliance? Yes No

(10) Are there any buildings or structures that were not shown on the survey that are on the property? Yes No

(11) Field Inspector Findings: _____

Dated: _____

 Inspectors Signature



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SMOKE AND CARBON MONOXIDE DETECTOR AFFIDAVIT

STATE OF _____)
) ss.:
 COUNTY OF _____)

I, _____, being duly, sworn deposes and says:

(1) I am the _____ of the premises located at _____,
 (owner / agent)
 Westhampton Beach, New York. Also known as Suffolk County Tax Map No.: 905- _____ - _____ - _____.

(2) That smoke alarms shall be installed in each sleeping room and outside each sleeping area in the immediate vicinity of the bedrooms, and on each additional story of the dwelling, including basements. In addition, wherever building additions or alterations are proposed to the interior of the existing building which require permits to a one (1) or two (2) family dwelling, such devices shall be required to be directly connected to the lighting circuit of the dwelling unit or sleeping room, with no intervening wall switch, and to have a battery backup.

(3) A carbon monoxide alarm shall be provided in buildings constructed prior to January 1, 2008, on the lowest story containing a sleeping area, within 15 feet of the sleeping area. More than one (1) carbon monoxide alarm shall be provided where necessary to assure that no sleeping area on such story is more than 15 feet away from a carbon monoxide alarm.

I make this Affidavit pursuant to New York State Building, Fire and Property Maintenance Code.

Dated: _____

 Signature of Owner/Agent

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

 Notary Public



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OWNER'S AUTHORIZATION

STATE OF _____)
) ss.:
 COUNTY OF _____)

I, _____
 OWNER

residing at _____
 OWNER ADDRESS

being the owner of premises _____, Westhampton Beach
 PROPERTY LOCATION

also known as Suffolk County Tax Map #: 905-____-____-____

hereby authorize _____
 AGENT

whose mailing address is _____
 AGENT ADDRESS

to appear on my behalf before the _____
 of the Village of Westhampton Beach, and to file any documents required with reference to my application for

 _____.

I hereby agree to allow my agent, whose name appears above, to act on my behalf and I further agree to abide by any requirements imposed by this Board as a condition of their approval.

 OWNER SIGNATURE

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

 Notary Public