

INCORPORATED VILLAGE OF NORTH HAVEN
335 FERRY ROAD
SAG HARBOR, NEW YORK 11963

Phone: 631-725-1378

Fax: 631-725-1120

Location: _____

Map No: _____ Section: _____ Block: _____ Lot: _____

Application for Certificate of Occupancy/Compliance

Owner of Premises _____

Agent (if applicable) _____

Name of Building Contractor _____

Address of Contractor _____

Building Permit Number (s) _____

Date (s) Issued _____

Following Support Data attached:

_____ \$125 check made payable to the Village of North Haven

_____ Suffolk County Health Department Approval

_____ Underwriters Certificate (Electrical)

_____ Well Water Analysis (if applicable)

_____ Final Survey (Include lot coverage & clearing percentages)

_____ Solder Certificate (Plumbing)

(Owner/Agent)

STATE OF NEW YORK)

COUNTY OF _____)

: ss.:

On the _____ day of _____, 20____ before me, the undersigned

personally appeared _____, personally known to me or proved to me on the basis of satisfaction evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s) acted, executed the instrument.

Notary Public