DATE RECEIVED: _____

CHECK #: _____ **CASH RECEIPT #:** _____

TOWN OF MONROE BUILIDING DEPARTMENT
11 STAGE ROAD MONROE, NY 10950 (845)783-1900 ext.225

APPLICATION FOR A CERTIFICATE OF OCCUPANCY/LETTER STATING NO CERTIFICATE OF OCCUPANCY/ROAD STATUS/LOCATION SEARCH FOR EACH BUILDING, STRUCTURE OR LOT

A. This application must be completely filled in by use of a typewriter or printed in ink and submitted to the attention of the Building Inspector
B. Application may be submitted by the owner or record or his authorized agent for and' building structure or lost for which the below information is sought.
C. Make checks payable to the **Town of Monroe**

APPLICATION IS HEREBY MADE to the Building Department for the following:
(Please check the appropriate items that are requested.)

_____ Copies of Existing Certificate of Occupancies
or
_____ Letter Stating No Certificate of Occupancy **$100.00 for all three**
_____ Road Status
_____ Violation Search

_____ Affidavit Type Certificate of Occupancy **Affidavit Type $100.00**

$5.00 for copy of each Certificate of Occupancy _____

_____

_____

Person to contact for access of premises (If Necessary)

Name: _____ Phone Number: _____

Address: _____

Owner of Record is: _____

Address of Owner is: _____

Location of premises: Street Name: _____

Tax Map Number - Section: _____ Block: _____ Lot: _____

Building,Structure or Lot for which information is being sought (check one):
☐ House ☐ Accessory Building ☐ Retail Store Unit ☐ Office
☐ Apartment ☐ Swimming Pool ☐ Commercial
Existing Use and/or Occupancy: _____
Applicant is: ☐ Owner ☐ Real Estate Agent ☐ Attorney
☐ Abstract/Title Co. ☐ Other_____

Name: _____ Phone Number: _____

Address: _____ Date: _____

NOTE: Due to past problems with incorrect return addresses please send a self address envelope.

Signature _____