



**VILLAGE OF NEW PALTZ  
BUILDING DEPT**

25 PLATTEKILL AVE., P.O. BOX 877  
NEW PALTZ, NEW YORK 12561  
TELEPHONE: (845) 255-3055  
FAX: (845) 255-5103

**APPLICATION FOR CERTIFICATE OF OCCUPANCY  
CHANGE OF BUSINESS ONLY**

This application must be completed and submitted with the \$150.00 required fee for the Fire/Safety Inspection prior to the occupancy of your business.

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

Section/Block/Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Phone: (W) \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Phone: (W) \_\_\_\_\_

Type of Business Applying For: \_\_\_\_\_

\_\_\_\_\_

Name of Business: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Insp. Scheduled: \_\_\_\_\_

Approved: ( ) Disapproved ( ) Date: \_\_\_\_\_ Building Inspector: \_\_\_\_\_