



# Village Of Nyack

Incorporated February 27, 1883



Asst Building Inspectors  
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## Application for Final Inspection & Certificate of Occupancy

Date \_\_\_\_\_

Property legal owner name \_\_\_\_\_ Permit# \_\_\_\_\_

Property address (per 911) \_\_\_\_\_ Sec./Block/Lot # \_\_\_\_\_

Property legal Owner address \_\_\_\_\_ # of Apartments \_\_\_\_\_

### Single Apartment Application

is it part of a condominium building?  Yes  No      Apartment # \_\_\_\_\_

Was condominium filed with Town & County?  Yes  No  N/A

Apartment location  Right  Left  Center  Basement  First floor  Second floor  Third floor  Fourth floor

Other  \_\_\_\_\_

### Please Complete the Following Items, for Permanent or temporary C of O

Driveways installed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Boiler room Sign	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Exterior Lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Exit Signs/Emergency Lights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
FDC Sign	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Fire Alarm/Sprinkler Sign	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Fire Lane Stripping/Sign	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Fire Extinguishers Type in Place	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Fire wall Sign	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Flue pipe in good condition & upward angled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Gas/Elec./Water Meters labeled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Flue pipe sealed to chimney	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
House numbering sign placed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Railings installed on stairways	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Knox Box & Keys	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Water heater / furnace pressure Relf. Pipe 6" off floor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Landscape completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Sealed Openings/Penetrations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Tree installed, # of trees _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Self-Closing Exterior/Apt. Doors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Porches & decks completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Stairway Marking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Property cleaned from debris	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Apartment numbers placed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Replaced existing damaged sidewalk	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	All electrical Outlets, switches, boxes have covers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Sidewalk w/driveway drop	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	U.L. Certificate/Panel Labeled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Stripped Parking Spaces/ Accessible Spaces/Sign	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Carbon Monoxide alarm in every level	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Trusses Construction sign placed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Smoke Alarm in Every Bedroom and Every Level	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Walkways installed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Stove burners & oven light w/electronic pilot	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Waste Enclosures installed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	GFCI Receptacles Tested	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Equipment Commissioning Rept.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Plumbing Fixtures Operational	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Elevator QEI Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Fire Rating Certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Floors Plan for Fire Department	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	NYS Energy standards Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Affidavit of constr. completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

***This form shall be Completed and returned to the building department prior to scheduling final inspection!***

<b><i>For Office Use Only</i></b>	
Final Survey Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	Electrical Underwriter Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>
C of O Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>
<b><u>Temporary C of O ~ Escrow deposit for uncompleted work</u></b>	
Landscape \$ _____	Trees \$ _____ Waste Enclosures \$ _____
Driveways \$ _____	Walkways \$ _____
<input type="checkbox"/> N/A Total Cost of Uncompleted work \$ _____ To Collect 200% \$ _____	

\_\_\_\_\_  
 Owner  Agent (Print and Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector (Print and Sign)

\_\_\_\_\_  
Date