



Town of Mamaroneck

740 West Boston Post Road, Mamaroneck, NY 10543 • Ph: (914) 381-7830 • Fax: (914) 381-8473

Email: buildingdept@townofmamaroneckny.org

APPLICATION FOR CERTIFICATE OF OCCUPANCY/LETTER OF COMPLETION

DATE: _____ PERMIT #: _____

LOCATION OF PROPERTY: _____

SECTION: _____ BLOCK: _____ LOT: _____

OWNER INFORMATION:

Name: _____

Address: _____

Phone: _____ Email: _____

The undersigned has examined the approved plans of the structure for which a Certificate of Occupancy/Letter of Completion is requested. The structure has been erected in accordance with the approved plans and as erected, complies with all laws, rules and regulations governing building construction or as varied by a variance which has been legally authorized. Specify such variances and qualifying conditions imposed therewith:

The actual final cost of construction, including all contractor, electrical, sub-contractor and materials for the building permit excluding work done under a separate permit (ie plumbing, HVAC, etc..) was \$ _____

Print Name

Signature (Arch, Eng., Contractor, Owner)

OFFICE USE ONLY

Estimated Cost: _____ *Amount Owed:* _____

Received by: _____ *Receipt #:* _____