

Application for Re-Issue of a Certificate of Occupancy
Village of North Haven
335 Ferry Road
Sag Harbor, New York
631-725-1378

Property Owner(s)
Name(s) _____

Address _____

Email Address _____ Phone _____

Property Location _____

Tax Map No _____

Please complete the following information

Current Survey Date _____ Prepared by _____

Number of Bedrooms _____ Number of Bathrooms _____

Finished Basement _____ Yes _____ No Finished Attic Space _____ Yes _____ No

Garage _____ Attached _____ Detached Was It Converted to Living Space? _____

Please check the following accessory structures that are on your property and size (square or linear footage)

Deck(s) _____ Patio(s) _____ Terrace(s) _____

Studio(s) _____ Tool Shed(s) _____ Pool House _____

Swimming Pool _____ Tennis Court _____ Cabana _____

Deer Fence _____ Pool Fence _____ Dock/Bulkhead _____

Other (describe) _____

Applicant/Agent

STATE OF NEW YORK)

) : ss.:

COUNTY OF _____)

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

**INCORPORATED VILLAGE OF NORTH HAVEN
335 FERRY ROAD
SAG HARBOR, NEW YORK 11963
631-725-1378
631-725-1120(fax)**

TO: Certificate of Occupancy Applicant
FROM: George Butts, Building Inspector
SUBJECT: Certificate of Occupancy Requirements

Enclosed is an application for a certificate of occupancy.

**Please return the enclosed application with the following checked items:
(missing items will delay the issuance of the C.O.)**

- _____ \$125.00 check made payable to the Village of North Haven
- _____ Underwriters Certificate (Electrical)
- _____ Final Survey (include lot coverage and clearing percentages)
(1 paper copy and 1 electronic copy)
- _____ Suffolk County Health Department Approval
- _____ Well water analysis (if applicable)
- _____ Solder Certificate (Plumbing)
- _____ One Electronic copy of the approved set of plans