

**INCORPORATED VILLAGE OF NORTH HAVEN
335 FERRY ROAD
SAG HARBOR, NEW YORK 11963**

Phone: 631-725-1378

Fax: 631-725-1120

Location: _____

Map No: 901: **Section:** _____ **Block:** _____ **Lot:** _____

Application for Certificate of Occupancy/Compliance

Owner of Premises _____

Phone: _____ **Email:** _____

Agent (if applicable) _____

Phone: _____ **Email:** _____

Building Permit Number(s) _____

Date(s) Issued _____

The following items must be included with your application for it to be considered complete. Incomplete applications will be returned. Final inspections will be scheduled once applications are accepted by the Building Department.

_____ \$125 check made payable to the Village of North Haven _____ Underwriters Certificate (Electrical)

_____ Solder Certificate (Plumbing) _____ Well Water Analysis (if applicable)

_____ Final Survey* (must include lot coverage & clearing percentages) _____ Final Plans*

_____ Suffolk County Health Department Approval* (green stamped survey)

*Plans or surveys that are larger than 11"x17" must also be sent electronically to: Planningclerk@northhavenvillage.org

Owner/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