



VILLAGE OF PORT CHESTER

DEPARTMENT OF CODE ENFORCEMENT

222 GRACE CHURCH STREET ROOM# 203 PORT CHESTER, NEW YORK 10573
PHONE (914) 305-2552 FAX (914) 305-2555

APPLICATION FOR FIRE SAFETY CERTIFICATE OF COMPLIANCE

DATE ____ / ____ / ____

PROPERTY OWNER'S NAME _____ E-Mail _____

MANAGER'S NAME (if different) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____ MOBILE _____

EMERGENCY CONTACT (Print Name) _____ (Phone) _____

PROPERTY INFORMATION:

TYPE OF USE / OCCUPANCY _____ #OF UNITS _____ #SQUARE FEET _____

NAME OF BUSINESS: _____

NAME OF OWNER/TENANT(S): _____

PROPERTY ADDRESS: _____

CITY: PORT CHESTER STATE: NEW YORK ZIP CODE 10573

PHONE _____ MOBILE _____

CORPORATE INFORMATION (If applicable):

CORPORATE NAME _____

“The undersigned has carefully reviewed this application all facts, figures, statements contained in this application are true, correct and complete to the best of my knowledge and belief. The applicant also acknowledges receipt of supplemental information on Amanda’s Law regarding carbon monoxide alarms as well as supplemental information on smoke detectors. The undersigned understands that the issuance of a Fire Safety Certificate of Compliance is contingent upon a compliance inspection; and consents to such inspection.”

_____ SIGNATURE

PRINT YOUR NAME

SIGNATURE

OFFICE USE ONLY:

Parcel ID _____ Section _____ Block _____ Lot _____

NOTES: _____ CALL BACKS 1 _____ 2 _____ 3 _____

PROCESSOR'S SIGNATURE: _____ PRINT _____

PAID

SCHEDULED

CERTIFICATE ISSUED

01/11