

Property Owners Name:___

Town of Marbletown Building & Safety Office

P.O. Box 217
Stone Ridge, New York 12484
1925 Lucas Ave
Cottekill, New York 12429
845~687-7500 Ext. 3

Email: building@marbletown.net

APPLICATION FOR CONDITIONAL CERTIFICATE OF OCCUPANCY

Location, 911 Add	ress of Property			Oity	State	
Phone Number			Cell Phone #	¥		
Section/Block/Lot/	¥		Building Permit #			
Permit Date:			Expiration Date:			
I, the owner of the for the following re	above said property eason(s):	am hereby requestin	g a *CONDITIONAL CE	RTIFICATE OF	OCCUPANCY*	
Pending c	ompletion of item(s) a	as listed from the bui	lding inspector*. Non-lif	e safety issues	3.	
Other, as I	isted					
			ot be issued with any o			
	(CHECK ONE)	3 months**	6 months**			
		non-refundable applicat	ed by the Codes Enforcemen ion fee per request, payable bmission of this application.			
It is a			o live in a residence without a fine may be imposed per wee		of Occupancy.	
Property Owners	S					
Signature	#MANUTE		/Date:	Water		
OFFICE USE ONLY						
Conditional Certifica	ite of Occupancy #					
Date:	Expirati	on Date:	Accessed to the second			
Check No	Bank:_	, ,	Receipt No			
Entered and Scanne	d in Municity	date/i	nitials			