

Department of Public Works

CONSTRUCTION OFFICIAL
CODE ENFORCEMENT AND OFFICE OF HOUSING INSPECTION
428-60th STREET • ROOM 27
WEST NEW YORK, NJ 07093

Tel. (201) 295-5170 • Fax. (201) 295-9597



ALBERTO RODRIGUEZ
COMMISSIONER

THOMAS M. O'MALLEY
CONSTRUCTION OFFICIAL

COMMERCIAL PROPERTY TRANSFER OF TITLE CERTIFICATE INSTRUCTIONS

1. APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY OR IT WILL BE REJECTED PENDING ADDITIONAL INFORMATION. IF A QUESTION DOES NOT APPLY, THEN WRITE "N/A" IN THAT SPACE.
2. PLEASE MAKE MONEY ORDER OR CASHIER'S CHECK ONLY IN THE AMOUNT OF **\$150.00** PAYABLE TO THE **TOWN OF WEST NEW YORK**. **NO PERSONAL CHECKS WILL BE ACCEPTED.**
3. MUST BE ORIGINAL FORM (NO COPIES ACCEPTED) AND MUST HAVE ORIGINAL NOTARY SIGNATURES

Today's Date: _____ Anticipated Closing Date: _____

DELIVERY METHOD

PICK UP FAX TO FAX NUMBER: _____ MAIL _____

PROPERTY INFORMATION

Property Address: _____

Property Currently Used As: _____

Is the property vacant: **YES or No**

If yes, what is your anticipated use for the property: _____

Have you received any variance from the WNY BOARD OF ADJUSTMENT OR WNY PLANNING BOARD: **YES or NO ?** If yes, what is the resolution number and date of the resolution: _____

If same IS NOT VACANT, what is the name of the current business that is operating out of this property: _____

Type of business: _____

Are there any Curb Cuts: _____ Loading Zones: _____

Current signage at the property: Awning _____ Wall Sign _____ Banners _____

Are There Any Open Permits On This Property? Yes or No Permit Number: _____

BUSINESS OWNER INFORMATION

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Business Owner's Name: _____

Business Owner's Address: _____

Business Owner's Telephone Number: _____ Cell Phone # _____

YES OR NO?

Liquor License: _____ Board of Health License: _____

PRESENT OWNER INFORMATION

Present owner of property as appears on deed. If Corp., Inc., etc. List full name of C.E.O

PRESENT OWNER'S NAME: _____

Complete address of PRESENT OWNER: _____

Daytime phone # of PRESENT OWNER: H: _____ C: _____

PURCHASER'S INFORMATION

Purchaser's name as it will appear on deed. If Corp., Inc., etc. List full name of C.E.O

PURCHASER'S Name: _____

PURCHASER'S Complete Address: _____

Daytime Phone # of PURCHASER: _____ C: _____

NAME OF PERSON WHO BE AT THE INSPECTION AND TELPHONE NUMBER:

NAME: _____ CELL NUMBER: _____

***APPLICATION MUST CONTAIN ORIGINAL SIGNATURES AND BE NOTARIZED**

Applicant's Signature

SWORN TO AND SUBSCRIBE TO
ME BEFORE ON THIS ____ DAY
OF _____, 200__

Applicant's Name (PRINT)

OFFICE USE ONLY

Inspection Date: _____ Inspector: _____

Inspection Results: _____ Date Inspected: _____

NOTES:

DATE ISSUED: _____

CO NUMBER: _____

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EFFECTIVE 3-16-09

**PLEASE BE ADVISED THAT BOTH
COMMERCIAL AND RESIDENTIAL
CERTIFICATES OF OCCUPANCY WILL BE
SCHEDULED WITHIN 5-10 BUSINESS DAYS
OF OUR RECEIPT OF YOUR COMPLETED
APPLICATION. PLEASE SCHEDULE YOUR
REAL ESTATE CLOSINGS AND BUSINESS
OPENINGS ACCORDINGLY.**

**ALTHOUGH WE WILL MAKE EVERY
EFFORT TO EXPEDITE SAME, THE
INSPECTION REQUESTS ARE SCHEDULED
AS THEY ARE RECEIVED.**

**FURTHERMORE,
PLEASE NOTE THAT IF THE APPLICATION
IS DEEMED INCOMPLETE, IT WILL DELAY
YOUR INSPECTION UNTIL SAME IS
COMPLETED IN ITS ENTIRETY.**

THANK YOU AND HAVE A NICE DAY!