

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

MIXED USE 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: _____

Number of RESIDENTIAL units: _____

Number of COMMERCIAL units: _____

Number of INDUSTRIAL units: _____

Number of BUSINESS units: _____

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(es) 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

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: _____

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

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!