

Department of Public Affairs



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

COSMO A. CIRILLO
COMMISSIONER

THOMAS O'MALLEY
CONSTRUCTION OFFICIAL
ZONING OFFICER

MIXED USE **OWNER CERTIFICATE**

MONEY ORDER/CASHIER'S CHECK ONLY **\$250.00** PAYABLE TO **TOWN OF WEST NEW YORK.**

Today's Date: _____ Anticipated Closing Date: _____

PROPERTY INFORMATION

Property Address: _____

Property Currently Used As: _____

of units: RESIDENTIAL ___ COMMERCIAL___ INDUSTRIAL___ BUSINESS___

Is the property vacant: **YES or No** If NOT VACANT, what is/are the name of
the business(es) operating out of this property?: _____

Type of business(es): _____

Current signage at the property: Awning _____ Wall Sign _____

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

PRESENT OWNER INFORMATION

**Present owner of property as appears on deed. If Corp. list full name of C.E.O
LLC's Must Include Actual Name of Manager/Principal or application will be rejected**

PRESENT OWNER'S NAME: _____

ADDRESS: _____ EMAIL: _____

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

BUSINESS OWNER INFORMATION

LLC's Must Include Actual Name of Manager/Principal or application will be rejected

Business Owner's Name: _____

Business Owner's Address: _____

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

PURCHASER'S INFORMATION

**Purchaser of property as it will appear on deed. If Corp. list full name of C.E.O
LLC's Must Include Actual Name of Manager/Principal**

PURCHASER'S Name: _____

PURCHASER'S Complete Address: _____

Telephone # of PURCHASER: _____ EMAIL: _____

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

NAME: _____ CELL NUMBER: _____

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

PURCHASER Signature

SWORN TO AND SUBSCRIBE TO
ME BEFORE ON THIS ____ DAY
OF _____, 20__

PURCHASER Name (PRINT)

**PLEASE NOTE THAT CERTIFICATE WILL BE AVAILABLE FOR PICK UP WITHIN
FIVE BUSINESS DAYS AFTER THE INSPECTION DATE. PLAN ACCORDINGLY.**

**PLEASE NOTE THERE WILL BE A \$25.00 REINSPECTION FEE FOR EACH
ADDITIONAL INSPECTION.**

DO NOT WRITE BELOW THIS LINE

Inspection Date: _____ Inspector: _____ Inspection Results: _____
