Village of Spring Valley Building Department
200 North Main St., Spring Valley, NY 10977
Tel. 845-352-1100 • Fax 845-356-6035

Application for Final Inspection & Certificate of Occupancy

Date_______________________
Permit #________________

Property owner name______________________________

Property address (per 911) ___________________________________
Lot ID (section, block, lot) ________________________________

Property Owner address _____________________________

# of Apartments__________

Single Apartment Application

is it part of a condominium building? Yes □ No □ Apartment #____________
Was condominium filed with Town & County? Yes □ No □ N/A □

Apartment location Right □ Left □ Center □ Basement □ First floor □ Second floor □ Third floor □

Other □ ________________________________

Please Complete the Following Items, for Permanent or temporary C of O

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke alarm in every bedroom &amp; every level</td>
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<tr>
<td>Carbon Monoxide alarm in every level</td>
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<tr>
<td>Porches &amp; decks completed</td>
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<tr>
<td>Driveways installed, # of space</td>
<td></td>
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<tr>
<td>Sidewalk w/driveway drop</td>
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<tr>
<td>Special inspection reports submitted</td>
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<tr>
<td>Walkways installed</td>
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<td></td>
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<tr>
<td>Railings installed on stairways</td>
<td></td>
<td></td>
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<tr>
<td>Landscape completed</td>
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<tr>
<td>Air leakage test certificate</td>
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<tr>
<td>Foam insulation certificate</td>
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<tr>
<td>House numbering sign placed</td>
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<tr>
<td>Trusses Construction sign placed</td>
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<td></td>
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<tr>
<td>Apartment numbers placed</td>
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</table>

Waste Enclosures installed

Yes □ No □ N/A □

All electrical Outlets, switches, boxes have covers

Yes □ No □ N/A □

U.L. Certificate

Yes □ No □ N/A □

Fire wall Sign

Yes □ No □ N/A □

NYS Residential Building Energy standards Certificate

Yes □ No □ N/A □

Boiler room Sign

Yes □ No □ N/A □

FDC Sign

Yes □ No □ N/A □

Fire Alarm / Sprinkler Sign

Yes □ No □ N/A □

APPLICANT SHALL COMPLETE PAGE 1

This form shall be Completed and returned to the building department prior to scheduling inspection!  [Effective 6/1/2018]
For Office Use Only

Final Survey Approved  Yes□ No□  Affidavit of Construction  Yes□ No□
C of O Approved  Yes□ No□  C of O Permanent □  Temporary □  C of O Fee  Yes□ No□

Inspected by: __________________________

Temporary C of O ~ Escrow deposit for uncompleted work

Landscape $_________________  Trees $_________________  Waste Enclosures $

Driveways $_________________  Walkways $_________________

Total Cost of Uncompleted work $_________________  To Collect 200% $_________________

Unit lay-out

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