



**VILLAGE OF OSSINING**  
**John-Paul Rodrigues Ossining Operations Center**  
**Building Department**  
101 Route 9A, PO Box 1166, Ossining, NY 10562  
Telephone (914) 941-3199 Fax (914) 762-6813

# **CERTIFICATE OF BUSINESS OCCUPANCY APPLICATION**

## **Application Fee: \$115.00**

**Applications must be submitted to [permits@villageofossining.org](mailto:permits@villageofossining.org)**

After all required documentation has been submitted, you will be notified by email that payment is due.

### **Local Law 5-2018**

#### **§ 162-48 Permit required for change in commercial occupancy.**

Prior to occupying any commercial space within any building in the Village of Ossining, a Change in Commercial Occupant Permit must be applied for and approved by the Building Department. If you are proposing a new store or business within the Village of Ossining, whether it involves a purchase or lease of a storefront, commercial space, or portion of an existing building, plans may be required to be presented to the Building Department for the utilization of such commercial space/building. Plans may be required even if there are no proposed alterations or renovations. A permit and plan may be necessary so that Building Department personnel can confirm that the proposed business is permitted under the Zoning Code and that the intended use of the space/building complies with New York State Fire Prevention and Building Code (Uniform Code), the New York State Energy Construction Conservation Code (Energy Code) and the Village of Ossining Code.

Date: \_\_\_\_\_

#### **BUSINESS:**

Name of Business \_\_\_\_\_

Property Address for which **Business Occupancy** is requested \_\_\_\_\_

SBL: \_\_\_\_\_ Zone \_\_\_\_\_ Current Occupancy Class \_\_\_\_\_

Form of Business: ☐Sole Proprietor ☐LLC ☐Corporation ☐Other \_\_\_\_\_

#### **APPLICANT / BUSINESS OWNER(S):**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

**For the type of service you are providing, or business you are operating, you must provide the required State or County License, as well as a copy of the proprietor's License or Business Certificate.**

**BUILDING OWNER:**    ➔ *Building Owner must sign and notarize attached owner authorization*    ⬅

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

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### PREMISES/BUILDING INFORMATION

**1. Date of last inspection on premises:** \_\_\_\_\_

**2. Are there currently any open Building Permits associated with the premises?**      ☐ Yes      ☐ No

If yes, please describe (attach additional sheets if necessary): \_\_\_\_\_

**3. Have any violations to the Uniform Code been issued in relation to the Premises?**      ☐ Yes      ☐ No

If yes, please describe (attach additional sheets if necessary): \_\_\_\_\_

**4. Have any variances to the Uniform Fire Prevention and Building Code been granted in relation to these premises?**

☐ Yes      ☐ No      If yes, please describe (attach additional sheets if necessary) *Include Variance Decision Number*

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### SIGNATURE OF APPLICANT

State of New York, County of \_\_\_\_\_ being duly sworn deposes and says they are the owner or authorized representative by attached completed proxy statement and are duly authorized to perform or have performed said work and to make and file this application; that all statements are true and to the best of their knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me      Owner or Authorized Representative Signature: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_      Print Name: \_\_\_\_\_

Notary Public: \_\_\_\_\_      Title \_\_\_\_\_

Seal

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### To be completed by the Village of Ossining Building Department

**Inspections Required**      ☐ Yes      ☐ No

**Inspections Performed**      ☐ Yes      ☐ No      **Date of Inspection** \_\_\_\_\_

**Tests or Reports required to verify compliance?**      ☐ Yes      ☐ No

**If YES, have Tests or Reports been received?**      ☐ Yes      ☐ No

**Description:** \_\_\_\_\_

**Application(s) Approved**      ☐ Yes      ☐ No

**Certificate of Business Occupancy issued by:** \_\_\_\_\_

**Number of occupants allowed in space:** \_\_\_\_\_

**FOR USE WHEN BUSINESS OCCUPANCY APPLICATION  
IS BEING REQUESTED BY ANYONE  
OTHER THAN PROPERTY OWNER**

To: Village of Ossining Building Dept.      Property Address: \_\_\_\_\_  
101 Route 9A, PO Box 1166  
Ossining, NY 10562  
Attn: Building Dept. Official

I (property owner) \_\_\_\_\_ hereby authorize  
\_\_\_\_\_ to file for a Certificate of Business Occupancy.

If you should have any questions or require additional details, please feel free to contact me at the  
following phone number(s) \_\_\_\_\_

Owner's email address \_\_\_\_\_

IF OWNER IS A CORPORATION, THIS FORM MUST BE ACCOMPANIED BY THE BY-LAWS  
OR EVIDENCE OF THE POSITION/OFFICE HELD BY THE PERSON  
AUTHORIZING THE FILING OR SIGNING THE APPLICATION

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Notary:      Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary \_\_\_\_\_