

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

Smoke alarm in every bedroom & every level	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Water heater / furnace press. Relf. Pipe 6" off floor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Carbon Monoxide alarm in every level	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Flue pipe in good condition, upward angled, sealed to chimney	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Porches & decks completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Electrical panel box is labeled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Driveways installed, # of space _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Stove burners & oven light w/electronic pilot	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Sidewalk w/driveway drop	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Property cleaned from debris	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Special inspection reports submitted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Waste Enclosures installed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Walkways installed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	All electrical Outlets, switches, boxes have covers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Railings installed on stairways	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	U.L. Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Landscape completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Fire wall Sign	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Air leakage test certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	NYS Residential Building Energy standards Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Foam insulation certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
House numbering sign placed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Boiler room Sign	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Trusses Construction sign placed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	FDC Sign	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Apartment numbers placed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Fire Alarm / Sprinkler Sign	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

APPLICANT SHALL COMPLETE PAGE 1

This form shall be Completed and returned to the building department prior to scheduling inspection!

[Effective 6/1/2018]

