



**Department of Code Enforcement**  
 Village of Port Chester  
 222 Grace Church Street Suite 203  
 Port Chester, New York 10573



(914) 305-2501  
 Fax (914) 305-2555

**APPLICATION FOR FIRE SAFETY & PROPERTY MAINTENANCE  
 CERTIFICATE OF COMPLIANCE**

**OWNER/CONTACT INFORMATION:**

Address of Property to be Inspected: \_\_\_\_\_ Date: \_\_\_\_\_  
 Property Owner's Name: \_\_\_\_\_  
 Property Owner's Mailing Address: \_\_\_\_\_  
 Property DBA / Corp / LLC: \_\_\_\_\_ Property Manager: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
 Emergency Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PROPERTY INFORMATION:**

Please check off if your property contain the following:

- Sump Pump**
- Grease Trap/Interceptor**

**A) Residential Units:**

- 1) Total # of RESIDENTIAL UNITS: \_\_\_\_\_ (If more than 15 units, you may skip section 2)
- 2) Complete chart below if you have 15 units or less:

UNIT	# BEDROOMS	# BATHROOMS	# OCCUPANTS	# LIVING ROOMS	# DINING ROOMS	APPROX SQ FT	FINISHED BASEMENT?	FINISHED ATTIC?
1							Y / N	Y / N
2							Y / N	Y / N
3							Y / N	Y / N
4							Y / N	Y / N
5							Y / N	Y / N
6							Y / N	Y / N
7							Y / N	Y / N
8							Y / N	Y / N
9							Y / N	Y / N
10							Y / N	Y / N
11							Y / N	Y / N
12							Y / N	Y / N
13							Y / N	Y / N
14							Y / N	Y / N
15							Y / N	Y / N

"The undersigned has carefully reviewed this application. All facts, figures, statements contained in this application are true, correct and complete to the best of my knowledge and belief. The applicant also acknowledges receipt of supplemental information on Amanda's Law regarding carbon monoxide alarms as well as supplemental information on smoke detectors. The undersigned understands that the issuance of a Fire Safety Certificate of Compliance is contingent upon receipt of applicable fees, a compliance inspection; and consents to such an inspection."

I certify that the information provided on this application is correct. I understand that false statements made herein are punishable as a Class A misdemeanor. I further understand that upon discovery that I provided any false information, I may be subject to criminal penalties and my Certificate of Compliance may be revoked.

\_\_\_\_\_  
**PRINT NAME (OWNER)**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**B) Commercial Units (if applicable):**

**1) Total # of COMMERCIAL UNITS: \_\_\_\_\_**

**2) Complete for EACH commercial space, including any vacant space:**

Name of business: \_\_\_\_\_ Square Footage: \_\_\_\_\_  
Name of business owner: \_\_\_\_\_  
Suite # or address if different than main structure: \_\_\_\_\_  
Use of space/type of business: \_\_\_\_\_ Occupancy Load: \_\_\_\_\_  
Business owner's mailing address if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact name: \_\_\_\_\_ Contact phone #: \_\_\_\_\_  
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Use of space/type of business: \_\_\_\_\_ Occupancy Load: \_\_\_\_\_  
Business owner's mailing address if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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**PRINT NAME (OWNER)**

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**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Commercial Units (continued):**

\*Complete for **EACH** commercial space, including any vacant space\*

Name of business: \_\_\_\_\_ Square Footage: \_\_\_\_\_  
Name of business owner: \_\_\_\_\_  
Suite # or address if different than main structure: \_\_\_\_\_  
Use of space/type of business: \_\_\_\_\_ Occupancy Load: \_\_\_\_\_  
Business owner's mailing address if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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**DATE**