VILLAGE OF SAG HARBOR
BUILDING DEPARTMENT
55 MAIN ST., PO BOX 660
SAG HARBOR, N.Y. 11963
631-725-0224
631-725-4852 FAX
BUILDINGDEPT@SAGHARBORNY.GOV

APPLICATION FOR RE-ISSUANCE OF CERTIFICATE OF OCCUPANCY FOR A COMMERCIAL BUILDING

DEPARTMENT USE ONLY

FEE: $150.00 **DATE PAID:**

TAX MAP NUMBER: _____ - _____ - _____ - _____ PROPERTY LOCATION: _____
DISTRICT SECTION BLOCK LOT LEGAL STREET ADDRESS

UNIT NUMBER(s):_____
THE OFFICIAL UNIT NUMBER ON FILE WITH THE BUILDING DEPARTMENT, IF APPLICABLE. OTHERWISE, DESCRIBE THE LOCATION (eg "FIRST FLOOR")

PROPERTY OWNER:_____

--MAILING ADDRESS:_____

--PHONE: _____

APPLICANT: _____

--MAILING ADDRESS:_____

--PHONE: _____

GROSS FLOOR AREA OF SPACE: _____
GROSS FLOOR AREA IS MEASURED FROM INTERIOR WALL TO INTERIOR WALL. THE APPLICANT IS RESPONSIBLE FOR CERTIFYING THE SQUARE FOOTAGE. THIS QUESTION MUST BE ANSWERED BY THE APPLICANT. PLANS MAY BE ON FILE FOR THE APPLICANT TO REFERENCE.

EXISTING USE OF SPACE: _____
ENTER THE EXACT DESCRIPTION OF THE SPACE AS FOUND ON THE EXISTING CERTIFICATE OF OCCUPANCY.

PROPOSED USE OF SPACE: _____

_____
DESCRIBE THE PROPOSED USE IN YOUR OWN WORDS.

EXACT INDUSTRY CLASSIFICATION CODE & DESCRIPTION OF PROPOSED USE: _____

_____
CLASSIFICATION CODES CAN BE FOUND AT http://www.census.gov/eos/www/naics/

VILLAGE CLASSIFICATION CODE & DESCRIPTION OF PROPOSED USE: _____

_____
THE CLASSIFICATION FOUND IN THE SAG HARBOR VILLAGE TABLE OF ALLOWABLE USES THAT MOST CLOSELY RESEMBLES THE PROPOSED USE

IS ADDITIONAL SUFFOLK COUNTY HEALTH DEPARTMENT APPROVAL REQUIRED? ☐ YES ☐ NO
ADDITIONAL APPROVALS INCLUDE, BUT ARE NOT LIMITED TO, FOOD HANDLING, NAIL SPAS, TATOO PARLORS, ETC.

NOTE: VOLUNTARILY CHANGING A PRE-EXISTING NON-CONFORMING USE TO A CONFORMING USE WILL IRREVOCABLY ABANDON THE NON-CONFORMING USE.

STATE OF NEW YORK } ss.:

COUNTY OF _____}

_____ being duly sworn deposes and says that he/she is duly authorized to make and file this application and that all statements contained in this application are true to the best of his/her knowledge.

SWORN TO BEFORE ME THIS ____ DAY OF _____ 20____ _____
SIGNATURE OF APPLICANT OR AGENT

_____
SIGNATURE OF NOTARY

NOTARY PUBLIC _____ COUNTY

NOTARY STAMP

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR