



Town of North Castle Building Department
17 Bedford Road
Armonk, New York 10504
Ph. (914) 273-3000 ext. 44 (914) 273-3554 fax

APPLICATION FOR FIRE SAFETY
CERTIFICATE OF COMPLIANCE

OWNER/CONTACT INFORMATION

Address of property to be inspected: _____ Date: _____
Property owner's name: _____
Property owner's mailing address if different: _____
City, State, Zip: _____
Property manager's name if different: _____
Contact name: _____ Contact phone #: _____
Email: _____ Emergency phone #: _____

PROPERTY INFORMATION

Residential (if applicable)

Total # _____ of units.

Please describe the number of units on each floor including description of units occupying multiple floors. Please attach additional pages if necessary

Commercial (if applicable)

Please complete the following section for ***EACH*** commercial space/tenant. Attach additional pages if necessary. Please include description of vacant spaces when applicable. Total # of spaces/tenants _____

Name of tenant/business _____ Square Footage _____
Name of tenant/business owner _____
Suite # or address if different than main structure _____
Use of space/type of business _____ Occupancy Load _____
Tenant/business owner's mailing address if different _____
City, State, Zip _____
Contact name & phone # _____
Emergency phone # _____ Email _____

"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."

PRINT YOUR NAME _____

Signature _____ **Date** _____

COMMERCIAL TENANTS CONTINUED

Name of tenant/business _____ Square Footage _____
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