



CERTIFICATE OF OCCUPANCY

Job Number _____

Borough: _____ Date: _____ No: _____

This certificate superceded C.O. No _____ ZONING DISTRICT _____

This certifies that the new-altered-existing-building-premises located at

Block: _____ Lot: _____

CONFORMS SUBSTANTIALY TO THE APPROVED PLANS AND SPECIFICATIONS AND TO THE REQUIREMENTS OF ALL APPLICABLE LAWS, RULES, AND REGULATIONS FOR THE USES AND OCCUPANCIES SPECIFIED HEREIN.

PERMISSIBLE USE AND OCCUPANCY

STORY	LIVE LOAD LBS. PER SQ. FT.	MAXIMUM NO. OF PERSONS PERMITTED	ZONING DWELLING OR ROOMING UNITS	BUILDING CODE HABITABLE ROOMS	ZONING USE GROUP	BUILDING CODE OCCUPANCY GROUP	DESCRIPTION OF USE

OPEN SPACE USES

(SPECIFY-PARKING SPACES, LOADING BERTHS, OTHER USES, NONE)

NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS
A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED

THIS CERTIFICATE OF OCCUPANCY IS ISSUED SUBJECT TO FURTHER LIMITATIONS, CONDITIONS AND SPECIFICATIONS NOTED ON THE REVERSE SIDE.

Borough Commissioner Commissioner

☐ ORIGINAL

☐ OFFICE COPY – DEPARTMENT OF BUILDINGS

☐ COPY

THAT THE ZONING LOT ON WHICH THE PREMISES IS LOCATED IS BOUNDED AS FOLLOWS:

BEGINNING AT A POINT ON THE		side of	
-----------------------------	--	---------	--

distant _____ feet from the corner formed by the intersection of _____ and _____

running thence	_____	feet; thence	_____	feet;
thence	_____	Feet; thence	_____	feet;
thence	_____	Feet; thence	_____	feet;
thence	_____	feet; thence	_____	feet;
thence	_____	feet; thence	_____	feet;
To the point or place of beginning				
N.B. or Alt. No _____				
N.B. or Alt. No	_____	Date of completion	_____	Construction classification _____

Building occupancy group	classification	_____	Height	Stories	_____	Feet	_____
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THE FOLLOWING FIRE DETECTION AND EXTINGUISHING SYSTEMS ARE REQUIRED AND WERE INSTALLED IN COMPLIANCE WITH APPLICABLE LAWS.

	YES	NO		YES	NO
STANDPIPE SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	AUTOMATIC SPRINKLER SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
YARD HYDRANT SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>			
STANDPIPE FIRE TELEPHONE AND SIGNALLING SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>			
SMOKE DETECTOR	<input type="checkbox"/>	<input type="checkbox"/>			
FIRE ALARM AND SIGNAL SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>			

STORM DRAINAGE DISCHARGES INTO:

A) STORM SEWER ☐ B) COMBINED SEWER ☐ C) PRIVATE SEWAGE DISPOSAL SYSTEM ☐

SANITARY DRAINAGE DISCHARGES INTO:

A) SANITARY SEWER ☐ B) COMBINED SEWER ☐ C) PRIVATE SEWAGE DISPOSAL SYSTEM ☐

LIMITATIONS OR RESTRICTIONS:

BOARD OF STANDARDS AND APPEALS CAL. NO	
--	--

CITY PLANNING COMMISSION CAL. NO	
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OTHERS:



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PERMISSIBLE USE AND OCCUPANCY

STORY	LIVE LOAD LBS. PER SQ. FT.	MAXIMUM NO. OF PERSONS PERMITTED	ZONING DWELLING OR ROOMING UNITS	BUILDING CODE HABITABLE ROOMS	ZONING USE GROUP	BUILDING CODE OCCUPANCY GROUP	DESCRIPTION OF USE

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(SPECIFY-PARKING SPACES, LOADING BERTHS, OTHER USES, NONE)

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distant _____ feet from the corner formed by the intersection of _____ and _____

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thence	_____	Feet; thence	_____	feet;
thence	_____	Feet; thence	_____	feet;
thence	_____	feet; thence	_____	feet;
thence	_____	feet; thence	_____	feet;
To the point or place of beginning				
N.B. or Alt. No	_____			
N.B. or Alt. No	_____	Date of completion	_____	Construction classification _____

Building occupancy group	classification _____	Height	Stories _____	Feet _____
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THE FOLLOWING FIRE DETECTION AND EXTINGUISHING SYSTEMS ARE REQUIRED AND WERE INSTALLED IN COMPLIANCE WITH APPLICABLE LAWS.

	YES	NO		YES	NO
STANDPIPE SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	AUTOMATIC SPRINKLER SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
YARD HYDRANT SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>			
STANDPIPE FIRE TELEPHONE AND SIGNALLING SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>			
SMOKE DETECTOR	<input type="checkbox"/>	<input type="checkbox"/>			
FIRE ALARM AND SIGNAL SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>			

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A) STORM SEWER ☐ B) COMBINED SEWER ☐ C) PRIVATE SEWAGE DISPOSAL SYSTEM ☐

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LIMITATIONS OR RESTRICTIONS:

BOARD OF STANDARDS AND APPEALS CAL. NO	
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CITY PLANNING COMMISSION CAL. NO	
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thence	_____	Feet; thence	_____	feet;
thence	_____	Feet; thence	_____	feet;
thence	_____	feet; thence	_____	feet;
thence	_____	feet; thence	_____	feet;

To the point or place of beginning

N.B. or Alt. No _____

N.B. or Alt. No _____ Date of completion _____ Construction classification _____

Building occupancy group classification _____ Height _____ Stories _____ Feet _____

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	YES	NO		YES	NO
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CITY PLANNING COMMISSION CAL. NO	
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Building occupancy group	classification	_____	Height	Stories	_____	Feet	_____
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