

Village of Airmont Building Department

251 CHERRY LANE, AIRMONT, NEW YORK

Mailing Address: P.O. BOX 578, TALLMAN, NEW YORK 10982

Telephone: 845-414-5536 Fax: 845-414-5529 Email: buildclerk@airmont.org

NEW TENANT BUSINESS OPERATING PERMIT APPLICATION

APPLICATION DATE: _____

TAX MAP #: _____

Except for buildings constructed prior to February 5, 1930, no building shall be used or occupied in whole or in part unless or until a certificate of use or a certificate of occupancy, as appropriate, shall have been issued by the Building Inspector, and then only in conformity with said certificate(s).

No change shall be made in the use or occupancy of a building or structure unless a certificate of occupancy authorizing the change of use shall have been issued. A change in use shall include, but not be limited to, a change in or of the type, class, nature or scope of the goods, services or operation maintained in the building or structure.

Instructions:

1. Submit two copies of scaled drawings of premises to be occupied, including office, work areas, storage areas and entrance and exit location and signs.
2. **If applicable**, provide a list of any hazardous or combustible liquids, gases or materials used or stored and methods of storage and disposal.

TYPE OF BUSINESS: _____

BUSINESS NAME: _____ BUSINESS ADDRESS: _____

BUSINESS MAILING ADDRESS (if different from above): _____

BUSINESS OWNER: _____ PHONE: _____ CELL: _____

PROPERTY OWNER: _____ PHONE: _____ CELL: _____

PROPERTY OWNER ADDRESS: _____

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AFFIDAVIT OF PROPERTY OWNERSHIP

State of New York; County of Rockland; SS)

I, (property OWNER name) _____, being duly sworn, deposes and says that she/he resides at _____ in _____, County of _____, State of _____, that he/she is the owner in fee of all that certain lot, piece or parcel of land situated, lying and being on the Village of Airmont Tax Map and he/she hereby authorizes on his/her behalf the filing of an application for a New Tenant Business Operating Permit, and that the statements of fact contained in said application are true.

Property Owner's Signature

Sworn to before me this _____ day of _____, 20_____.

(Notary Public)

AFFIDAVIT OF PROPERTY TENANT

State of New York
County of Rockland

I, (property TENANT name) _____, being duly sworn, deposes and says that she/he resides at _____ in _____, County of _____, State of _____, that he/she is LEASING that certain lot, piece or parcel of land situated, lying and being on the Village of Airmont Tax Map and that the statements of fact contained in said application are true, for a New Tenant Business Operating Permit.

Tenant/Business Owner Signature

Sworn to before me this _____ day of _____, 20_____.

(Notary Public)