



**VILLAGE OF TIVOLI**  
**HISTORIC WATTS DEPEYSTER HALL**  
PO Box 397 ~ TIVOLI, NY 12583-0397

**BUILDING & ZONING DEPARTMENT**  
EMAIL: BIZEO@TIVOLINY.ORG  
OFFICE: 845.757.2021 ~ FAX: 845.757.5416

**Request for Inspection**

ADDRESS: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

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The undersigned hereby requests that an inspection be performed on the above referenced premises to ascertain compliance with the following (check all that apply):

Expired or Lapsed Building Permit # \_\_\_\_\_

Student Residence Requirements

New York State Multiple Residence Law

Re Inspection of \_\_\_\_\_

Violations Abated

Village of Tivoli Zoning Ordinance

Other: \_\_\_\_\_

\_\_\_\_\_

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The building contains the following occupancies or uses (describe in detail):

Basement: \_\_\_\_\_

First Floor: \_\_\_\_\_

Second Floor: \_\_\_\_\_

Third Floor: \_\_\_\_\_

Attic: \_\_\_\_\_

Other Floors: \_\_\_\_\_

\_\_\_\_\_

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APPLICANT NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

APPLICANT'S PHONE#: \_\_\_\_\_

OWNER (If not applicant): \_\_\_\_\_