



**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

**Residential - \$100.00**  
**Commercial/Multi-Family -\$250.00**

**APPLICATION FOR CERTIFICATE OF OCCUPANCY**  
**AFFIDAVIT OF FINAL CONSTRUCTION**

ID#:  
PERMIT#:

State of New York  
ss:  
County of Dutchess

\_\_\_\_\_, being duly sworn, deposes and says: that he/she is the applicant, (or agent) of the applicant, named in the application for Building Permit dated \_\_\_\_\_ relating to construction or other work to be performed on or in connection with the premises located at \_\_\_\_\_.

Application is hereby made for the issuance of a Certificate of Occupancy for the building or structure on these premises.

Applicant states that he/she has examined the approved plans of the structure and that the structure has been erected in accordance with approved plans and that as erected complies with the law governing building construction.

Applicant states that he/she has examined the approved plans of the structure and that the structure has been erected in accordance with approved plans and that as erected complies with the law governing building construction except insofar as variations therefrom have been legally authorized.

Applicant states that he/she has filed with the Building Department a copy of a Certificate of approval from an electrical inspection agency and a copy of an As Built Site Survey if site work was done.

Applicant further states that he/she was the (place an "x" in the appropriate space)  
[ ] Registered Architect, or [ ] Professional Engineer, or [ ] Superintendent of Construction who supervised said construction or other work and that by reason of his/her experience is qualified to supervise such work on the structure for which a Certificate of Occupancy is requested. **Phone #** \_\_\_\_\_

**When Ready - Mail [ ] Pick up [ ]**

\_\_\_\_\_  
Applicant or Agent

Sworn to me before this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public