



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: _____

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: _____

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

Basement: _____

First Floor: _____

Second Floor: _____

Third Floor: _____

Attic: _____

Other Floors: _____

APPLICANT NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE#: _____

OWNER (If not applicant): _____