

DEPARTMENT OF CODE ENFORCEMENT

VILLAGE OF STILLWATER, NEW YORK

1 School Street P.O. Box 507
Stillwater NY, 12170-0507

COMMERCIAL CHANGE OF OCCUPANCY APPLICATION

DO NOT FILL IN DEPARTMENT OF CODE ENFORCEMENT USE ONLY			
TAX PARCEL MAP #	BUILDING PERMIT #	ISSUE DATE	EXPIRATION DATE

1. PROPERTY OWNERS' INFORMATION	
Name: _____	
Address: _____	
Contact Number: ()	Email: _____

PROPERTY OWNERS CONSENT TO THE CHANGE OF OCCUPANCY	
Signature of Property Owner: _____	Date: ___/___/___

2. PROPOSED CHANGE OF OCCUPANCY	
Address: _____	Tax Map #: _____
Requested change from a _____ occupancy to a _____ occupancy	
A. Is the building mixed use: YES <input type="checkbox"/> NO <input type="checkbox"/> If so what other occupancies: _____	
B. Is the requested change for: THE WHOLE STRUCTURE <input type="checkbox"/> OR PART OF IT <input type="checkbox"/>	Number of stories: () _____
C. Is the building a special use and occupancy:	
1. Covered and open mall buildings YES <input type="checkbox"/> NO <input type="checkbox"/>	7. Special amusement buildings YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Atriums. YES <input type="checkbox"/> NO <input type="checkbox"/>	8. Incidental use areas YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Motor vehicle-related occupancies YES <input type="checkbox"/> NO <input type="checkbox"/>	9. Hazardous materials YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Aircraft-related occupancies YES <input type="checkbox"/> NO <input type="checkbox"/>	10. Ambulatory care facilities YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Motion picture projection rooms YES <input type="checkbox"/> NO <input type="checkbox"/>	11. Group I-2 occupancies YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Stages and platforms YES <input type="checkbox"/> NO <input type="checkbox"/>	
D. DIAPER CHANGING STATION	Is there a diaper changing station YES <input type="checkbox"/> NO <input type="checkbox"/>
E. BATHROOM(S)	How many bathrooms are there: () _____
F. PLUMBING	Will the change result in an increase in plumbing demand YES <input type="checkbox"/> NO <input type="checkbox"/>
G. CHEMICAL WASTE	Will the change result in any chemical waste YES <input type="checkbox"/> NO <input type="checkbox"/>
H. FOOD HANDLING	Will the change result in any food handling area(s) YES <input type="checkbox"/> NO <input type="checkbox"/>
I. GREASE INTERCEPTOR	Will the change result in the need for a grease interceptor YES <input type="checkbox"/> NO <input type="checkbox"/>
J. KITCHEN EXHAUST	Will there be any kitchen exhaust equipment YES <input type="checkbox"/> NO <input type="checkbox"/>
K. LIGHTING	Will there be any change in lighting fixtures or windows YES <input type="checkbox"/> NO <input type="checkbox"/>

L. ELECTRICAL SERVICE	What is the current electrical service:
M. OUTLETS	How many outlets are there in the occupancy: ()
N. HVAC SYSTEM	Will there be any higher demand in fuel or electric for the HVAC system YES <input type="checkbox"/> NO <input type="checkbox"/>
O. VENTILATION	Will there be any changes to any mechanical ventilation YES <input type="checkbox"/> NO <input type="checkbox"/>
P. STAIRWAYS	Are there any stairways YES <input type="checkbox"/> NO <input type="checkbox"/>
Q. VERTICAL SHAFTS	Are there any vertical shafts, including hoistways, service & utility shafts YES <input type="checkbox"/> NO <input type="checkbox"/>
R. OPENING PROTECTIVES***	Are there any opening protectives YES <input type="checkbox"/> NO <input type="checkbox"/>
S. INTERIOR FINISHES	Are there any changes to the interior finishes YES <input type="checkbox"/> NO <input type="checkbox"/>
T. FIRE BARRIER**	Are there any changes to the fire barrier YES <input type="checkbox"/> NO <input type="checkbox"/>
U. MEANS OF EGRESS	Are there any changes to any of the means of egress YES <input type="checkbox"/> NO <input type="checkbox"/>
V. FIRE EXTINGUISHERS	Are there any fire extinguishers in the occupancy YES <input type="checkbox"/> NO <input type="checkbox"/>
W. SMOKE DETECTORS	Are there any smoke detectors in the occupancy YES <input type="checkbox"/> NO <input type="checkbox"/>
X. CO ALARMS	Are there any carbon monoxide alarms in the occupancy YES <input type="checkbox"/> NO <input type="checkbox"/>
Y. ADDRESS & TRUSS ID	Is the address and truss ID signage affixed to the building YES <input type="checkbox"/> NO <input type="checkbox"/>
Z. FIRE PROTECTION SYSTEM*	Please list below any fire protection systems, include any equipment make & model #

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***FIRE PROTECTION SYSTEM.** Approved devices, equipment and systems or combinations of systems used to detect a fire, activate an alarm, extinguish or control a fire, control or manage smoke and products of a fire or any combination thereof.

**** FIRE BARRIER.** A fire-resistance-rated wall assembly of materials designed to restrict the spread of fire in which continuity is Maintained.

*****OPENING PROTECTIVE.** A fire door assembly, fire shutter assembly, fire window assembly or glass-block assembly in a fire resistance-rated wall or partition.

3. CERTIFICATION

The applicant shall notify the department of any changes in the information contained in the application during the period for which the permit is in effect. A permit will be issued only when the application has been determined to be complete and when the proposed work is determined to conform to the requirements of all applicable codes, and local laws. A building permit may be suspended or revoked if it is determined that the work to which it pertains is not proceeding in conformance with applicable codes, laws, or with any condition attached to such permit, or if there has been a misrepresentation or falsification of a material fact in connection with the application for permit. A building permit shall expire 12 months from the date of issuance or upon the issuance of a certificate of occupancy or compliance whichever comes first. The permit, upon request may be renewed for one six-month period, provided (1) the permit has not been revoked or suspended at the time the renewal application is made; (2) the relevant information in the application is up to date; and (3) any additional renewal fees are paid. I hereby certify that I have read the instructions and examined this application and know the same to be true and correct, all provisions of the codes and laws covering this work will be compiled with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Name of Applicant: _____ Date: ____/____/____

Signature of Applicant: _____ Property Owner or Representative

4. VALIDATION

This application is hereby Approved / Denied for the change of occupancy of a building or portion of as set forth above.

Reason for denial of permit: _____

Special conditions: _____

Date: _____ Permit #: _____ Expires: _____ CEO: _____

