

Application Fee \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_  
Certificate of \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_  
Occupancy Fee

TOWN – VILLAGE OF HARRISON  
DEPARTMENT OF BUILDING  
One Heineman Place, Harrison, NY 10528

### APPLICATION FOR CHANGE OF USE AND/OR OCCUPANCY PERMIT

APPLICATION NO. _____	DATE FILED _____
CERTIFICATE OF OCCUPANCY NO. _____	DATE ISSUED _____

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A CHANGE OF USE AND/OR OCCUPANCY PERMIT AND ATTESTS THAT NO CONSTRUCTION OR STRUCTURAL CHANGES WILL BE PERFORMED OR MADE:

NUMBER AND STREET \_\_\_\_\_ ASSESSOR'S VERIFICATION \_\_\_\_\_  
ZONE \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT(S) \_\_\_\_\_  
OWNER \_\_\_\_\_  
OWNER'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
LESSEE \_\_\_\_\_  
LESSEE ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Former Occupant \_\_\_\_\_ Former Use \_\_\_\_\_  
Detailed description of proposed cosmetic changes and non-structural alterations \_\_\_\_\_  
\_\_\_\_\_

#### AFFIDAVIT OF OWNERSHIP

State of New York }  
County of Westchester } ss:

DO NOT CHANGE THE WORDING OF THIS AFFIDAVIT

\_\_\_\_\_ being duly sworn,  
(Owner, Lessee, Architect or Builder/Contractor)  
deposes and says that: \_\_\_\_\_ is the owner in fee of the premises to which this application applies; that he/she (the applicant) is duly authorized to make this application; and that the statements contained herein are true to the best of his/her knowledge and belief.

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

\_\_\_\_\_  
(Signature of Applicant)  
\_\_\_\_\_  
(Notary Public)

APPLICATION APPROVED BY: _____
BUILDING DEPARTMENT MUST PERFORM A FINAL INSPECTION PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY