



**CERTIFICATE OF TENANCY APPLICATION**

*For non-residential use only.*

Application No \_\_\_\_\_ Taken by \_\_\_\_\_ Date filed \_\_\_\_\_  
Fee \_\_\_\_\_ Receipt No \_\_\_\_\_

**PART A**

*To be completed by applicant. Print clearly.*

1. **Name of Business:** \_\_\_\_\_

2. **Location of tenancy space:**  
Address \_\_\_\_\_ Floor level: \_\_\_\_\_  
Map page \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_

3. **Use of tenancy space:** \_\_\_\_\_

4. **Total floor area of tenancy:** \_\_\_\_\_

5. **Fire detection (check all applicable boxes):**  
 None  Smoke detectors  Fire alarm  Other: \_\_\_\_\_

6. **Fire suppression (check all applicable boxes):**  
 None  Sprinkler system  Fire extinguisher  Other: \_\_\_\_\_

7. **Number of off-street parking and loading spaces provided for this tenancy:**  
 Outdoor parking: \_\_\_\_\_  Indoor parking: \_\_\_\_\_  
 Outdoor loading: \_\_\_\_\_  Indoor loading: \_\_\_\_\_

8. **This tenancy obtained the following approvals:**  
Building Permit No. \_\_\_\_\_  
Site Plan  No  Yes, application # \_\_\_\_\_ with conditions  No  Yes  
Special Use Permit  No  Yes, application # \_\_\_\_\_ with conditions  No  Yes  
Zoning Board  No  Yes, cal.# \_\_\_\_\_ with conditions  No  Yes  
Architectural Review Board  No  Yes, \_\_\_\_\_ Health Department  No  Yes (list date) \_\_\_\_\_  
Other City, County and State agency (list all approvals with date): \_\_\_\_\_

**Tenant's name:** \_\_\_\_\_ tel.: \_\_\_\_\_ fax: \_\_\_\_\_  
Address: \_\_\_\_\_ city/state/zip: \_\_\_\_\_  
e-mail: \_\_\_\_\_

**Applicant's name:** \_\_\_\_\_ tel.: \_\_\_\_\_ fax: \_\_\_\_\_  
Address: \_\_\_\_\_ city/state/zip: \_\_\_\_\_  
e-mail: \_\_\_\_\_



(For official use only)

This is to certify that the premises have been inspected and approved by the undersigned for the use and occupancy applied for in this application (Print name and sign):

Application N° _____	Name of business _____
Address _____	Map page _____ Block _____ Lot _____
<b>Building Department:</b> _____	_____
Print _____	Sign _____
<b>Plumbing Superintendent:</b> _____	_____
Print _____	Sign _____
<b>Fire Department:</b> _____	_____
Print _____	Sign _____
<b>Water Department:</b> _____	_____
Print _____	Sign _____
<b>Electrical Inspector:</b> _____	_____
Print _____	Sign _____

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**Items to Submit with a Certificate of Tenancy Application**

Failure to submit ALL the items listed below will result in the denial or in a delay in the approval of your certificate.

For more information and sample of completed application, check our web site at [CMVNY.COM/BUILDINGS](http://CMVNY.COM/BUILDINGS)

1. One completed application form. The form must be typewritten or **neatly** printed in **capital** letters. Parts A, B and C must be completed by the applicant
2. Copy of the lease between tenant and building owner.
3. Letter of authorization, signed by tenant and notarized, naming applicant as tenant's agent for the filing of this application; or Legal proof that that the applicant is a Principal Officer of the Corporation or an authorized agent. One of these documents is required **if the applicant is not the tenant** of the property.
4. Three sets of "As-Built" plans, 18x24 inches minimum and 30x42 inches maximum, prepared by a New York State licensed architect or engineer, must be submitted when no approved plans of the tenancy space are on records with the Department of Buildings.  
These plans shall include the following: site plan of the property, locating off-street parking and loading spaces, location plan of the tenancy space within the entire building and floor plans of each floor level of the tenancy space.
5. Fee: **Cashier's (bank) check or money order only; made payable to the City of Mount Vernon.**  
The Certificate of Tenancy fee is \$250.00 for up to 5,000 square feet of tenancy space, and \$100.00 for each additional 5,000 square feet or fraction thereof.
6. The Fire Department inspection fee must be paid directly to the Fire Prevention Bureau, located at 470 E Lincoln Avenue, prior to the scheduling of the inspection on a Thursday. You may contact the Fire Prevention Bureau at 914-665-2616 to inquire about their inspection fees.
7. The electrical inspection must be scheduled by the applicant or the applicant's electrician. See attached list of acceptable Electrical Inspection companies.

**Inspections for a Certificate of Tenancy are conducted on Thursdays between the hours of 9:00A.M. and 2:00P.M. The scheduled inspectors must be given access to every part of the tenancy. You will be notified in advance of the date on which the inspections will be conducted. Please, make sure that you or your designated agent is present.**

## **ELECTRICAL INSPECTION COMPANIES**

- 1. WESTCHESTER AND ROCKLAND ELECTRICAL INSPECTION COMPANY**  
42 NORTH LAWN  
ELMSFORD, NY 10523  
TEL: 914-347-3595  
FAX: 914-347-3596
  
- 2. STATE WIDE INSPECTION SERVICES**  
116 SOUTH CENTRAL AVENUE  
ELMSFORD, NY 10523  
TEL: 914-909-4471  
FAX: 914-219-1062
  
- 3. CERTIFIED ELECTRICAL INSPECTINS INC.**  
411 THEODORE FREMD AVENUE  
SUITE 206 SOUTH  
RYE, NY 10580  
TEL: 888-238-1338  
FAX: 631-598-0541
  
- 4. NEW YORK ELECTRICAL INSPECTION SERVICES**  
150 WHITE PLAINS ROAD, SUITE 104  
TARRYTOWN, NY 10591  
TEL: 914-347-4390  
FAX: 914-347-4394