

APPLICATION FOR INSPECTION CCO FOR RENTAL OCCUPANCY

DATE _____ FEE _____

PLEASE PRINT

LOCATION OF INSPECTION _____

CURRENT OWNER'S NAME _____

CURRENT OWNER'S ADDRESS _____

CURRENT OWNER'S PHONE # _____

RENTAL

LEASE-HOLDER NAME _____

LEASE-HOLDER TELEPHONE # _____

APARTMENT # _____ **FLOOR#** _____

SUB-LEASE-HOLDER

NAME _____

TELEPHONE # _____

APARTMENT# _____ **FLOOR #** _____

BLOCK _____ **LOT** _____

- | | |
|---------------------------------------|--------------------------------|
| <input type="checkbox"/> ONE FAMILY | <input type="checkbox"/> CONDO |
| <input type="checkbox"/> TWO FAMILY | <input type="checkbox"/> CO-OP |
| <input type="checkbox"/> MULTI-FAMILY | <input type="checkbox"/> OTHER |

BUSINESS (BRIEF DESCRIPTION) _____

INSPECTORS SIGNATURE

OWNER/ AGENT SIGNATURE

APPROVED _____

DISAPPROVED _____

DATE _____