



# CITY OF BEACON

## BUILDING DEPARTMENT

1 Municipal Plaza, Beacon, NY, 12508

Ph: (845) 838-5020 | Fax: (845) 838-5026

Email: [building@beaconny.gov](mailto:building@beaconny.gov)

## Fire Safety Permit Application Checklist

**ALL ITEMS REQUIRED FOR PERMIT PROCESS MUST BE INCLUDED  
OR APPLICATION WILL NOT BE ACCEPTED (NO EXCEPTIONS)**

- Completed application signed by property owner.
- Completed application for a Certificate of Occupancy or Certificate of Compliance.
- Completed Application Processing Restriction Law Affidavit of Property Owner
- Completed Individual Disclosure Form (if property is owned by an individual) OR Entity Disclosure Form (if property is owned by an entity such as an LLC or business)
- Two (2) sets of drawings, specifications, and hydraulic calculations, signed and sealed by the design professional that prepared them.
- Manufacturer's specifications for all equipment or appliances.
- Satisfactory proof consisting of a certificate of insurance, indicating that workers' compensation and disability has been secured for all employees.

Contractors that are not required to provide workers compensation insurance may apply to the New York State Workers' Compensation Board for form CE-200 (These exemption forms can only be used to attest to a government entity that an applicant requesting a permit, license or contract from that government entity is not required to carry NYS Workers' Compensation and/or disability benefits insurance.)

Link to NYS Workers Compensation Board for CE-200 Form:

[https://www.businessexpress.ny.gov/app/answers/cms/a\\_id/2263/kw/CE](https://www.businessexpress.ny.gov/app/answers/cms/a_id/2263/kw/CE)



# CITY OF BEACON

## BUILDING DEPARTMENT

1 Municipal Plaza, Beacon, NY, 12508

Ph: (845) 838-5020 | Fax: (845) 838-5026

Email: [building@beaconny.gov](mailto:building@beaconny.gov)

### Fire Safety Permit Application

Date Approved: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Denied: \_\_\_\_\_ Signature: \_\_\_\_\_

Location of Proposed Work: \_\_\_\_\_

Tax Grid Number / Section-Block-Lot (SBL): \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Nature of Proposed Work (Check all that apply):

<input type="checkbox"/>	Automatic Sprinkler System	<input type="checkbox"/>	Fire Alarm (NYS Licenses Required)	<input type="checkbox"/>	Commercial Cooking Equipment
<input type="checkbox"/>	Fire Escape – Install, Repair, or Alterations	<input type="checkbox"/>	Standpipe System	<input type="checkbox"/>	Fire Hydrant–Water Main
<input type="checkbox"/>	Fire Pump	<input type="checkbox"/>	Fire Dept. Connection	<input type="checkbox"/>	Other:

Estimated Cost of Construction: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Property Owner)

\_\_\_\_\_  
Date



# CITY OF BEACON

## BUILDING DEPARTMENT

1 Municipal Plaza, Beacon, NY, 12508

Ph: (845) 838-5020 | Fax: (845) 838-5026

Email: [building@beaconny.gov](mailto:building@beaconny.gov)

### *APPLICATION FOR CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLIANCE*

The undersigned requests that a Certificate of Occupancy/Compliance be issued pursuant to

BUILDING PERMIT \_\_\_\_\_

CHANGE IN USE \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

APPLICANT \_\_\_\_\_

LOCATION \_\_\_\_\_

SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

PERMITTED USE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

APPROVED: \_\_\_\_\_  
Building Inspector

DATE APPROVED: \_\_\_\_\_



**CITY OF BEACON**  
**BUILDING DEPARTMENT**  
**1 Municipal Plaza, Beacon, NY, 12508**  
**Ph: (845) 838-5020 | Fax: (845) 838-5026**  
**Email: [building@beaconny.gov](mailto:building@beaconny.gov)**

**APPLICATION PROCESSING RESTRICTION LAW - Affidavit of Property Owner**

Property Owner: \_\_\_\_\_

If owned by a corporation, partnership or organization please list names of persons holding over 5% interest in business. \_\_\_\_\_  
 \_\_\_\_\_

List all properties in the City of Beacon that you hold a 5% interest in.  
 \_\_\_\_\_  
 \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Tax Grid #: \_\_\_\_\_

Type of Permit Application:  - Building  - HVAC  - Electrical  - Plumbing

I, \_\_\_\_\_, the undersigned owner of the above referenced property, hereby affirm that I have reviewed my records and verify that the following information is true.  
 (Check statements that are **true**)

- 1. No violations are pending for ANY parcel owned by me situated within the City of Beacon. \_\_\_\_\_
- 2. Violations are pending on a parcel or parcels owned by me situated within the City of Beacon. \_\_\_\_\_
- 3. ALL tax payments due to the City of Beacon are current. \_\_\_\_\_
- 4. Tax delinquencies exist on a parcel or parcels owned by me in the City of Beacon. \_\_\_\_\_
- 5. Special Assessments are outstanding on a parcel or parcels owned by me in the City of Beacon. \_\_\_\_\_
- 6. ALL Special Assessments due to the City of Beacon on any parcel owned by me are current. \_\_\_\_\_

\_\_\_\_\_  
 Signature of Property Owner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title if owner is corporation

Office Use Only:	NO YES Initial
Applicant has violations pending for ANY parcel owned within the City of Beacon (Building Dept.)	_____
ALL taxes are current for properties in the City of Beacon are current (Tax Dept.)	_____
ALL Special Assessments, i.e. water, sewer, fines, etc. are current (Water Billing)	_____



**CITY OF BEACON**  
**BUILDING DEPARTMENT**  
**1 Municipal Plaza, Beacon, NY, 12508**  
**Ph: (845) 838-5020 | Fax: (845) 838-5026**  
**Email: [building@beaconny.gov](mailto:building@beaconny.gov)**

**INDIVIDUAL DISCLOSURE FORM**

**(Use if property is owned by an individual)**

(This form must accompany every land use application and every application for a building permit or certificate of occupancy submitted by any person(s))

Disclosure of the names and addresses of all persons) filing a land-use application with the City is required pursuant to Section 223-62 of the City Code of the City of Beacon. Applicants shall submit supplemental sheets for any additional information that does not fit within the below sections, identifying the Section being supplemented.

**SECTION A**

Name of Property Owner: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

Telephone Contact Information: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION B. List all owners of record of the subject property or any part thereof.**

<b>Name</b>	<b>Residence or Business Address</b>	<b>Telephone Number</b>	<b>Date and Manner title was acquired</b>	<b>Date and place where the deed or document of conveyance was recorded or filed.</b>

**SECTION B.** Is any owner of record an officer, elected or appointed, or employee of the City of Beacon or related, by marriage or otherwise, to a City Council member, planning board member, zoning board of appeals member or employee of the City of Beacon?

YES

NO

If yes, list every Board, Department, Office, agency or other position with the City of Beacon with which a party has a position, unpaid or paid, or relationship and identify the agency, title, and date of hire.

Agency	Title	Date of Hire, Date Elected, or Date Appointed	Position or Nature of Relationship

**SECTION C.** If the applicant is a contract vendee, a duplicate original or photocopy of the full and complete contract of purchase, including all riders, modification and amendments thereto, shall be submitted with the application.

**SECTION D.** Have the present owners entered into a contract for the sale of all or any part of the subject property and, if in the affirmative, please provide a duplicate original or photocopy of the fully and complete contract of sale, including all riders, modifications and amendments thereto.

YES                       NO

I, \_\_\_\_\_ being first duly sworn, according to law, deposes and says that the statements made herein are true, accurate, and complete.

\_\_\_\_\_  
(Signature of Property Owner)

\_\_\_\_\_  
(Date)



**CITY OF BEACON**  
**BUILDING DEPARTMENT**  
**1 Municipal Plaza, Beacon, NY, 12508**  
**Ph: (845) 838-5020 | Fax: (845) 838-5026**  
**Email: [building@beaconny.gov](mailto:building@beaconny.gov)**

**ENTITY DISCLOSURE FORM**

**(Use if property is owned by an entity, i.e., a corporation or LLC)**

(This form must accompany every land use application and every application for a building permit or certificate of occupancy submitted by any entity)

Disclosure of the names and addresses of all persons or entities owning any interest or controlling position of any Limited Liability Company, Partnership, Limited Partnership, Joint Venture, Corporation or other business entity (hereinafter referred to as the "Entity") filing a land-use application with the City is required pursuant to Section 223-62 of the City Code of the City of Beacon. If any Member of the Entity is not a natural person, then the names and addresses as well as all other information sought herein must be supplied about the non-natural person member of that Entity, including names, addresses and Formation filing documents. Applicants shall submit supplemental sheets for any additional information that does not fit within the below sections, identifying the Section being supplemented.

**SECTION A.**

**IF AFFIANT IS A PARTNERSHIP, JOIN VENTURE OR OTHER BUSINESS ENTITY, EXCEPT A CORPORATION:**

Name of Entity	Address of Entity
Place where such business entity was created	Official Registrar's or Clerk's office where the documents and papers creating entity were filed
Date such business entity or partnership was created	Telephone Contact Information

**IF AFFIANT IS A CORPORATION:**

Name of Entity	Telephone Contact Information
Principal Place of Business of Entity	Place and date of incorporation
Method of Incorporation	Official place where the documents and papers of incorporation were filed

**SECTION B.** List all persons, officers, limited or general partners, directors, members, shareholders, managers, and any others with any interest in or with the above referenced Entity. List all persons to whom corporate stock has been pledged, mortgaged or encumbered and with whom any agreement has been made to pledge, mortgage or encumber said stock. Use a supplemental sheet to list additional persons.

Name	Resident Address	Resident Telephone Number	Nature and Extent of Interest

**SECTION C.** List all owners of record of the subject property or any part thereof.

Name	Residence or Business Address	Telephone Number	Date and Manner title was acquired	Date and place where the deed or document of conveyance was recorded or filed.

**SECTION D.** Is any owner, of record or otherwise, an officer, director, stockholder, agent or employee of any person listed in Section B-C?

YES

NO

Name	Employer	Position

**SECTION E.** Is any party identified in Sections A- C an officer, elected or appointed, or employee of the City of Beacon or related, by marriage or otherwise, to a City Council member, planning board member, zoning board of appeals member or employee of the City of Beacon ?

**YES**                       **NO**

If yes, list every Board, Department, Office, agency or other position with the City of Beacon with which a party has a position, unpaid or paid, or relationship and identify the agency, title, and date of hire.

Agency	Title	Date of Hire, Date Elected, or Date Appointed	Position or Nature of Relationship

**SECTION F.** Was any person referred to in Sections A-D known by any other name within five (5) years preceding the date of the application?

**YES**                       **NO**

Current Name	Other Names

**SECTION G.** List the names and addresses of each person, business entity, partnership and corporation in the chain of title of the subject premises for the five (5) years next preceding the date of the application.

Name	Address

**SECTION H.** If the applicant is a contract vendee, a duplicate original or photocopy of the full and complete contract of purchase, including all riders, modification and amendments thereto, shall be submitted with the application.

**SECTION I.** Have the present owners entered into a contract for the sale of all or any part of the subject property and, if in the affirmative, please provide a duplicate original or photocopy of the fully and complete contract of sale, including all riders, modifications and amendments thereto.

YES

NO

I, \_\_\_\_\_ being first duly sworn, according to law, deposes and says that I am (Title) \_\_\_\_\_, an active and qualified member of the \_\_\_\_\_, a business duly authorized by law to do business in the State of New York, and that the statements made herein are true, accurate, and complete.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)