

Village of Elmsford

BUILDING DEPARTMENT
15 SOUTH STONE AVENUE, ELMSFORD, NY 10523
Building Dept (914) 345-1553 Fax (914) 592-8129

CHANGE OF USE OR TENANT QUESTIONNAIRE

Information is hereby requested by the Building Department for any and all Use or Tenancy changes in an existing building. It is further agreed that if a Building Permit and Certificate of Occupancy is required the premises will not be occupied until the Certificate of Occupancy has been issued and all fees are paid in full. The property owner agrees to comply with all applicable laws, ordinances and regulations.

SITE DATA:

Section - Sheet - Block - Lot(s): _____ - _____ - _____ - _____

Street Address: _____

PROPERTY OWNER INFORMATION:

Name: _____ Phone: _____

Address: _____ Mobile: _____
(Street, City, Zip)

TENANT INFORMATION:

Business Name: _____ Contact Name: _____
(Owner's name or Owner's Representative)

Address: _____ Phone: _____
(Street, City, Zip)

Describe Existing/Previous Use: _____

Describe Proposed Use: _____

Existing Tenant Area in Square Feet: _____ Proposed Tenant Area in Square Feet: _____

Total Floor Area in Square Feet: _____ Building Sprinkled: ☐ YES ☐ NO

Existing Number of Stories: _____ Existing Building Height in Feet: _____ Existing Number of Exits: _____

Existing Number of Parking Spaces: _____ Proposed Number of Parking Spaces: _____

Describe all Other Occupancies in the Building or on the Site

Description:	Location:
_____	_____
_____	_____
_____	_____
_____	_____

AUTHORIZATION:

State of New York, County of _____, _____ being duly sworn deposes and says that all statements are true and to the best of their knowledge and belief.

Owner's Signature: _____

Print Name: _____

DO NOT WRITE BELOW THIS LINE FOR OFFICIAL USE ONLY

Building Department Review By: _____

Date: _____

Site Plan Approval Required: ☐ Yes ☐ No

Building Permit Required: ☐ Yes ☐ No