

TOWN OF PLATTSBURGH
HOME INSPECTION APPLICATION

Date Submitted: _____ **Tax Map #:** _____ **Permit number:** _____
Zoning District: _____ **Date Permit Paid:** _____ **Inspection Fee:** _____

Application is hereby made to the Code Enforcement Officer for the issuance of a Home Inspection pursuant to applicable Fire Safety Codes within the boundaries of the Town of Plattsburgh at the following location.

ADDRESS OF THE PROPERTY: _____

1) Applicant: Name _____ Phone # _____
Address _____ City _____ St _____ Zip _____
Email Address: _____

2) Property Owner (only use-if different than Applicant)

Applicant: Name _____ Phone # _____
Address _____ City _____ St _____ Zip _____

3) Nature of Inspection):

- _____ Foster Care Inspection
- _____ Day Care Inspection
- _____ Adoption Inspection
- _____ Home Inspection

STATE OF NEW YORK)

SS:

COUNTY OF CLINTON)

Deponent, being duly sworn, says that he (she) is the owner or authorized agent for which the foregoing inspection is proposed to be done. I further state that all information is true and correct to the best of my knowledge.

Signature of Owner or Designated Agent

Print Name

Sworn to this _____ day of _____, _____

Notary Public