



TOWN of GREENBURGH Permit# _____

BUILDING DEPARTMENT

177 HILLSIDE AVENUE, GREENBURGH, NEW YORK 10607

(914) 989-1560

Fax (914) 993 - 1570

www.greenburghNY.com

email: building@greenburghNY.com

OPERATING PERMIT APPLICATION
Hotel, Motel, Rooming & Boarding
House, Nursing/Convalescing Home,
Day Care Center or Nursery School

- TYPE 1: 0 or 17+ more sleeping accommodations Fee \$ 200.00 (Payable by Check or Money Order Only)
- TYPE 2: 1 to 16 sleeping accommodations

Ck.# _____ Dated: _____

The undersigned herewith makes application for a permit to Operate Hotel, Motel, Rooming & Boarding House, Nursing/Convalescing Home, Day Care Center or Nursing School subject to compliance with all applicable New York State and Town of Greenburgh regulations thereof:

Please fill out application completely and **attach an updated Liability Accord Form & Workers Compensation**

- Hotel Motel Rooming/Boarding House Nursing Home Convalescing Home
 Day Care Center Nursery School

SUBJECT PROPERTY

Street Address _____ City _____ Zip _____

Parcel ID: _____

Property Owner _____ Address _____

Name of Operation _____ Address _____

Manager/Director: _____ Telephone Number _____

Size of Building: _____ sq. ft. Number of Floors _____ Number of Rooms: _____

Number of Bathrooms: _____ Posted Maximum Occupant Load: _____ Type of Heat _____

Number of Exits: _____ Type of Fire Alarm System _____

of Smoke Detectors: _____ # of CO Detectors _____ # of Fire Extinguishers _____

of Strobe Lights: _____ On Site Laundry Facility _____ On Site Kitchen _____

Sworn to and subscribed before me
this ___ day of _____, _____

Applicant's Signature

Notary Public

Applicant's Name (please print neatly)

Approved By: _____