



DEPARTMENT OF
BUILDINGS & REGULATORY COMPLIANCE

200 HENRY JOHNSON BLVD.—SUITE 1 | ALBANY, NY 12210
518.434.5995 | FAX 518.434.6015 | EMAIL: CODES@ALBANYNY.GOV

Certificate of Inspection Application Commercial Space

(Please attach a copy of Inspection Report from licensed inspector.)

Address of Premises Inspected:

Parcel No.: _____

Applicant Information:

Name of Applicant: _____
Address of Applicant: _____
Telephone Number of Applicant: _____ Cell Phone Number: _____
Email Address: (NOW REQUIRED) _____
Name of Business/Entity: _____

Inspection Information:

Date Initial Inspection Occurred: _____ Other Insp. Dates: _____
Name of Licensed Company Performing Inspection: _____
Name of Inspector: _____
Violations Correction Date: _____ Verification of Correction Date: _____
Name of Inspector Verifying Correction: _____

Application Fee: \$100.00 Method of Payment: **Credit Card or Check** (circle one)
Credit Card Number: _____
Expiration Date: _____ 3 Digit Code: _____

I _____, duly authorized to act on behalf of _____, verify that all information provided in the governmental document is complete. Further, I verify that all necessary inspections and corrections of any violations have occurred at the premises known as _____, and that I have no knowledge of any fire safety, property maintenance of any other code violations in existence at the same premises.

Signature of Applicant

OFFICIAL USE ONLY

Date: _____ Fee: _____ Agent: _____ App. No.: _____