

INCORPORATED VILLAGE OF KENSINGTON BUILDING DEPARTMENT

2 Nassau Drive, Great Neck, NY 11021 Phone: (516) 482-4409 Fax: (516) 482-2866

www.villageofkensingtonny.com

**VILLAGE OF KENSINGTON
APPLICATION FOR CERTIFICATE OF COMPLETION**

I, _____, the owner of the premises known as _____, Great Neck, NY 11021, do warrant, represent and certify that the building and all other structures at the premises erected or modified under permit number(s) _____, dated _____, were in fact constructed in conformity with the plans filed with and approved by the Building Inspector and the Board of Trustees. This specifically includes the approved plot plan, construction and engineering plans, any other renderings or drawings depicting architectural and landscape design elements that were used to obtain said approvals. I further attest that, to the best of my knowledge, all work was performed in a good workman like manner, and that the construction complies with the Building Zone Ordinance of the Village of Kensington, the New York State Building, Plumbing, and Mechanical Codes, and all other requirements of law, with the following exceptions, for which variance(s) have been issued by the Village of Kensington Board of Zoning Appeals: _____

Based upon these warranties and representations, issuance of a Certificate of Completion is hereby requested. The required fee is as follows:

- \$100.00 for projects up to \$5,000**
- \$150.00 for projects over \$5,000**

PRINT NAME

ADDRESS

OWNER'S SIGNATURE *(must be notarized)*

(Notary) Sworn to before me this _____ day of _____, 20____

Approved:

_____ Date: _____
MICHAEL F. MCNERNEY, RA, BUILDING INSPECTOR

CERTIFICATE OF COMPLETION NUMBER CC _____ is hereby issued for the building on the parcel known as Section 2, Block _____, Lot(s) _____ at number _____, Great Neck, NY 11021, in the Village of Kensington with respect to work performed under permit number(s) _____, issued on _____, 20____.

BOARD OF TRUSTEES OF THE VILLAGE OF KENSINGTON

By Mayor: _____

By Village Clerk: _____

By ARB: _____



Building Inspector Stamp