

# TOWN OF COLDEN

TOWN HALL

S-8812 STATE ROAD, P.O. BOX 335, COLDEN, NEW YORK 14033  
PHONE: (716) 941-5012 FAX: (716) 941-9335

SUPERVISOR  
JAMES P. DePASQUALE

COUNCILMEN  
DAVID J. ARCARA  
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PATRICIA A. ZURBRICK

TOWN CLERK  
CHRISTINA M. KERLIN

SUPERINTENDENT OF HIGHWAYS  
PAUL J. CLARKSON

TOWN JUSTICES  
MARTIN McMAHON  
MICHAEL R. SCHNEIDER, SR.

## Check List for Certificate of Occupancy

- Letter from Health Dept on Septic Pass-Final Inspection.
- Passing Well Water Test – 3<sup>rd</sup> Party.
- Final Electrical Inspection – 3<sup>rd</sup> Party.
- Final Inspection of Solid Fuel Burning Appliances – 3<sup>rd</sup> Party.
- Permanent Certificate by Builder/Architect as required in Energy Conservation Code R401.3.
- Air Leakage Report (Blower Door Test) as required in Energy Conservation Code R402.4.
- Must Pass Final Inspection By Code Enforcement to all NYS Building Codes.
- Must have Visible Address Marker.

I, \_\_\_\_\_, the undersigned have read and understand the steps involved in obtaining a Certificate of Occupancy for a New Build.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date