

MICHAEL P. GALIME, MAYOR  
CITY OF UTICA



DEPARTMENT OF CODE ENFORCEMENT  
1 KENNEDY PLAZA  
UTICA, NEW YORK 13502  
PHONE: (315) 792-0163  
FAX: (315) 792-0219

## 1203 Building Inspection Application

**Business Name/Property Use:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

City: Utica State: New York Zip Code \_\_\_\_\_

### Property Information/ Building Description:

Number of stories above ground (circle one)    1    2    3    4    other \_\_\_\_\_

Number of residential units per floor (if applicable)    1<sup>st</sup> \_\_\_\_\_    2<sup>nd</sup> \_\_\_\_\_    3<sup>rd</sup> \_\_\_\_\_    4<sup>th</sup> \_\_\_\_\_  
other \_\_\_\_\_

Number of stories below ground (circle one)    0    1    2    other \_\_\_\_\_

### Owner Information: (must be filled out)

Owner Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Legal Address of Owner \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_    Work (\_\_\_\_) \_\_\_\_\_

Pager (\_\_\_\_) \_\_\_\_\_    Cell (\_\_\_\_) \_\_\_\_\_

### Corporation Owner/Partnership, etc.:

Name of Corporation/Partnership, etc. \_\_\_\_\_

Contact person \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Designation of Agent:** (If the owner does not reside in Oneida County or adjacent county, a local agent must be designated that can be reached day or night).

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_    Work (\_\_\_\_) \_\_\_\_\_

Pager (\_\_\_\_) \_\_\_\_\_    Cell (\_\_\_\_) \_\_\_\_\_

**Return this form by mail or in person to:**  
**Codes Enforcement Department - 1 Kennedy Plaza - Utica, NY 13502**