

## **OFFICE OF BUILDINGS AND CODES**

Dr. Robert L. Yeager Health Center 50 Sanatorium Road, Building A Pomona, New York 10970

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## **Edward Markunas**

Director Office of Buildings and Codes

PREMISES/OCCUP	PAI	PARCEL #:							
Today's Date:		Gross Square Footage:(Business/Factory/Hazardous/Industrial/Institutional/Mercantile/Storage/Utility/Misc. Use)							
PREMISES/OCCUP	(Residential: Mu	Residential Units Qty:  (Residential: Multi-Family/Hotels/Motels/Care/Assisted Facilities) (Institutional: Hospitals/Nursing Homes/Restrained Facilities)							
(Name of: Premises/Occ	upancy/Business/Facility)		Max. Occupancy Capacity:(Assembly/Education Use)						
Street Number and	Suite #	Spring Valley or Monsey							
Phone Number	Cell Number	Fax Number	Email Address						
BUSINESS OWNER		Email: _							
Home Address	City		State	Ziį	p Code	2			
Home Phone #	Cell Phone #	Work Phone #	Email Ad	dress					
Date of Birth:	Driver's Li	cense #:	NY	NJ	CT	Other State			
CORPORATION EN	ITITY NAME AND TIT	LE:							
Address	City	Sta	te	Ziį	p Code	<u> </u>			
ALTERNATE MAIL	ING ADDRESS:								
Address	City	Sta	te	Ziį	p Code	2			
LANDLORD/AGEN	T/PROPERTY MANAG	GER INFORMATIO	N:						
Name	 Address			 Ph	one #				

Rev. 9-6-22 Page 1

PROPERTY OWNER: _		SBL#:					
Home Address	City		State		Ziį	p Code	
Home Phone #	Cell Phone #	Work Phone #		Email Address			
Date of Birth:	Driver's L	icense #:		NY	NJ	CT	Other State
EMERGENCY CONTAC	T INFORMATION	:					
Primary Contact Person	:						
Home Address	City		State		Ziį	p Code	
Home Phone #	Cell Phone #	Work Phone	#	Email Add	dress		
Date of Birth:	Driver's L	icense #:		NY	NJ	СТ	Other State
Secondary Contact Pers	son:						
Home Address	City		State		Ziį	p Code	
Home Phone #	Cell Phone #	Work Phone	 #	Email Add	dress		
Date of Birth:	Driver's L	icense #:		NY	NJ	CT	Other State

Rev. 9-6-22 Page 2