



Town of Salina

Date Received: _____

Amount Due: \$ _____

Check #: _____

Receipt #: _____

Department of Planning & Development

APPLICATION FOR INSPECTION

(Non-permit related inspections)

Property Address: _____
(Please include street address and zip code)

Owners Name: _____

Name of Business: _____

Contact Person for Inspection: _____

Contact Phone Number: _____

I, _____ being duly sworn, dispose and say that I am the owner or authorized representative of the owner of the above referenced property which is located in the Town of Salina, New York; that I hereby request that an inspection be made of [the entire building/or the component _____] (cross out which does not apply) at or of the above referenced property.

Signature: _____ Date: _____

Fees: Per Unit: \$75.00 (One or Two family dwelling)
All other uses-See Fee Schedule

[NOTE: the applicable application fee must accompany this application]

The following items **MUST** be completed on the TCO before a CO will be issued:

