

#### CERTIFICATE OF COMPLIANCE

issued by the Building Division of

#### THE CITY OF ITHACA, NEW YORK

The Director of Code Enforcement hereby certifies that the building located at

312 Geneva Street N

used and occupied as a

#### \*FIVE (5) DWELLING UNITS IN A R-3aa ZONE

conforms with the requirements of the applicable New York State Codes: the New York State Multiple Residence Law, if applicable, and the City of Ithaca Housing and Zoning Code as to minimum standards applicable to a building of its class and intended occupancy.

Declaration of intent has been made by the owner of this building that these standards of safety will be maintained and occupancy will be maintained in compliance with the zoning regulations of the City of Ithaca and issuance of this certificate is predicated upon this declaration.

This certificate is, therefore, summarily revocable when, as and if it is determined that said standards are not maintained. This certificate is not transferable.

Under present ownership, this certificate shall be valid for a maximum period of <u>Three (3) year</u> from the issue date.

Owner: William S. Downing, III

**4766 Coquina Crossing Drive** 

Elkton, FL 32033

**Electrical Certification: Per CM** 

Date: 2/25/2020

**Housing Code Supervisor** 

Dated: 10/16/2023

James Jakob

\*Please note the conditions listed on the attached cover letter dated 11/15/2023



#### CITY OF ITHACA

#### 108 East Green Street Ithaca, New York 14850-5690

BUILDING DEPARTMENT - 4<sup>TH</sup> Floor Telephone: 607 274-6508 Fax: 607 274-6521

11/15/2023

William S. Downing, III 4766 Coquina Crossing Drive Elkton, FL 32033

RE: Certificate of Compliance for 312 Geneva Street N

Dear Owner:

Attached is a Certificate of Compliance, which is based on the conditions as observed on inspection of the premises on October 16, 2023, and is being issued effective that date, for your property located at 312 Geneva Street N. This Certificate is issued at this time with the following conditions attached:

\*NOTE #1: Maximum occupancy is limited by the City of Ithaca Housing and Zoning Code as follows:

#### FIVE (5) DWELLING UNITS IN A R-3aa ZONE

Apt. # 1: 5 Unrelated Persons

Apt. # 2: 2 Unrelated Persons

Apt. #3: 1 Unrelated Person

Apt. # 4: 3 Unrelated Persons

Apt. # 5: 3 Unrelated Persons

\*NOTE #2: The attic can not be used as habitable space.

# MAXIMUM OCCUPANCY IS LIMITED TO 14 UNRELATED PERSONS. OWNER MAY DISTRIBUTE WITHIN THAT LIMITATION INDIVIDUALS/PERSONS AS LISTED ABOVE.

- 1. This Certificate is granted based on a visual inspection of the premises and the correction of any apparent deficiencies found.
- 2. This Certificate does not include approval of electrical wiring unless a New York Board of Fire Underwriters Certificate number or a defects removed by the City of Ithaca Electrical Inspector is indicated on the attached certificate.
- 3. This building is equipped with fire protection equipment (i.e.: single station smoke detectors and/or fire detection or alarm systems) which is required under existing City and State building codes. As property owner it is your responsibility to ensure that this equipment is maintained and periodically tested according to manufacturer's specifications, NYS Building Code, and NFPA requirements.

William S. Downing, III 4766 Coquina Crossing Drive Elkton, FL 32033

#### RE: Certificate of Compliance for 312 Geneva Street N

4. This certificate letter is limited to the extent indicated on the decision for Case #HC-37-78 (Housing Board of Review), BZA-1638 (Board of Zoning Appeals)

A Certificate of Compliance may be issued to the new owner upon application to this office WITHIN SIXTY (60) DAYS OF THE LAST INSPECTION (see enclosure).

Sincerely,

James Gatch

Housing Code Supervisor

James John

JG:fm Attachment

cc: Jack Mitchell



#### CITY OF ITHACA

108 East Green Street Ithaca, New York 14850-5690

**BUILDING DEPARTMENT - 4<sup>TH</sup> Floor** 

Telephone: 607 274-6508 Fax: 607 274-6521

## **Property Information Form**

Please review and fill in any missing information. This form must be signed by the owner/agent and returned.

Please Note: This form is to be used for Properties that are For Sale

This Property Information Form must be given to the 'NEW OWNER', who shall complete the form and return it to this office 'WITHIN SIXTY (60) DAYS' for the Certificate of Compliance to remain valid.

NEW OWNERS' NAME:

ADDRESS:

Building.	Address:
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312 Geneva Street N Ithaca, NY 14850

CITY:		STATE:	Zl	IP:	
PHONE NUMBER:		CELL PHONE:			
FAX NUMBER:		*E-MAIL ADD	RESS:		
* Add your email address to t	receive an emai	l notification for Exte	erior Property M	laintenance Tickets.	
Property owners who do not reside in Tompkins County or one of its contiguous counties must file an Agency Agreement with the Ithaca Building Department. A Certificate of Compliance will not be issued without an Agency Agreement submitted to this department. Forms can be obtained on line at www.cityofithaca.org or by calling the Building Department at (607) 274-6508.					
Please indicate if owner-occupied:	YES	NO			
PARKING SPACES:					
Number on site:	7				
Number required for building:	5				

Number leased off site:

Number leased to other properties:

### **Property Information Form (Cont'd)**

#### **DWELLING UNIT AND RENTAL ROOM INFORMATION**

According to our records, the legal number of bedrooms and occupants in the building are listed below:

The maximum building occupancy is limited by the City of Ithaca Zoning Regulations.

The building occupants can be distributed in each unit according to the legal capacity as designated below. However, the total number of Unrelated Occupants in this building shall not exceed 14.

#### The attic can not be used as habitable space.

Dwelling Unit Number	Floor Location	Number of Bedrooms	Bedroom Capacity Unrelated Occupants	Bedroom Capacity Related Occupants
Apt. # 1	1	2	5	5
Apt. # 2	2	1	2	2
Apt. # 3	2	1	1	1
Apt. # 4	1	2	3	3
Apt. # 5	2, 3	1	3	3

## **Property Information Form (Cont'd)**

### **DECLARATION**

I	am the owner or agent of the
property at the above address.	
I have reviewed the above information and declare owner/agent, I have the authority to make this dec	e that the information contained herein is accurate. As the laration.
in accordance with all the applicable New York St	Ordinance or any other applicable law or regulations
As a rental dwelling it is the owners/agents' respondocument.	nsibility to limit the occupancy to the occupancy stated in this
SIGNED	DATE
Owner / Age	ent

© 2009, CCS

# **CHIMNEY SERVICE REPORT**

SERVICE PROVIDER:	CUSTOMER: William Down	
	Hume	ng
A CONTROL OF THE PROPERTY OF T	Address 312 North Genera 9	<u> </u>
comfort • warmth • design	City / thaca State	Zip
	Phone (904) 705-1702	
George 118 South Meadow St.  thaca N Y 14850	E-mail	
Technician 607-272-2650	Directions to home	
Service date 11 /13 / 23 Time		
Service date 17772		MAAAAAA
SYSTEM INFORMATION		CROWN MANAGEMENT
Fireplaces, Number of		
Construction		
Fireplace opening sizes 1 * × * 2		
Heating Appliances, Number of: 3	1801ER ( 11 1-12)	
Type 🗆 Insert 🗆 Freestanding	g & Fungace Wwater Heater (2)	
Fuel		
	CURAL	
Construction	onry. 🗆 Other 💢 🧣 🥫	SMOKE
Chimney height	•	
Liner   ☐ Stainless	☐ Cast ☐ Unlined ☐	DAMPER BB
TUE 312C3	☐ 13"×13" ☐ 8"×17" ☐ 13"×17"	
☐ 6" Round ☐ 8" Round		
Last cleanedyear(s) ago	ver 🗹 Unknown	LINTEL
COMMENTS		FIREBRICK→
Found Utica boiler and Bradt	Sidulhita water heaters	ASH QUMP
in useable condition.		•
	INVOICE / RECEIPT	
ANNUAL INSPECTION The National Fire Protection Association (NFPA) recommends annual	DESCRIPTION	PRICE
inspection of all fireplaces, chimneys, and vents. The next inspection		
of your system is scheduled for:	Chimney Inspection	200
CUSTOMER VERIFICATION		r <u>16</u>
This report is the result of a visual inspection done at the time of		_
cleaning. It is intended as a convenience to our customer, not as certi-		
fication of fire worthiness or safety. Since conditions of use and hid- den construction defects are beyond our control, no warranty is made		
for the safety or function of any appliance and none is to be implied.		
I have read this form and understand the apparent condition of my		
fireplace, appliance, chimney, and/or vent system. Furthermore I	Subtot	al
understand the limitations of this report as given in the paragraph above.		
Customer	10 +1	. 216
Signature Date	Chrount Due Tot	aı