



**RENTAL OCCUPANCY PERMIT APPLICATION**

**1. Property Information:**

Rental Property Address: \_\_\_\_\_

Tax Map #: DISTRICT – 0201 – SECTION - \_\_\_\_\_ - BLOCK - \_\_\_\_\_ - LOT - \_\_\_\_\_

**2. Owner Information:** *(set forth the name, address and telephone number of all owners of the rental property)*

i. Property Owner Name: \_\_\_\_\_

Property Owner’s Legal Address (no P.O. Boxes): \_\_\_\_\_

Property Owner’s current domicile: \_\_\_\_\_, \_\_\_\_\_  
(Street address) (Hamlet)  
\_\_\_\_\_, \_\_\_\_\_  
(Township) (County) (State)

Property Owner’s Mailing Address: \_\_\_\_\_

Telephone Number Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Emergency: \_\_\_\_\_

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ii. Property Owner Name: \_\_\_\_\_

Property Owner’s Legal Address (no P.O. Boxes): \_\_\_\_\_

Property Owner’s current domicile: \_\_\_\_\_, \_\_\_\_\_  
(Street address) (Hamlet)  
\_\_\_\_\_, \_\_\_\_\_  
(Township) (County) (State)

Property Owner’s Mailing Address: \_\_\_\_\_

Telephone Number Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Emergency: \_\_\_\_\_

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iii. Property Owner Name: \_\_\_\_\_

Property Owner’s Legal Address (no P.O. Boxes): \_\_\_\_\_

Property Owner’s current domicile: \_\_\_\_\_, \_\_\_\_\_  
(Street address) (Hamlet)  
\_\_\_\_\_, \_\_\_\_\_  
(Township) (County) (State)

Property Owner’s Mailing Address: \_\_\_\_\_

Telephone Number Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Emergency: \_\_\_\_\_

- • **IF NECESSARY ATTACHED ADDITIONAL PAGES TO SUPPLY ABOVE INFORMATION**

**IF THE RENTAL DWELLING UNIT INTENDED FOR RENTAL OCCUPANCY IS OWNED BY A CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR OTHER BUSINESS ENTITY, THE NAME, ADDRESS AND TELEPHONE NUMBER OF EACH OWNER, OFFICER, PRINCIPAL SHAREHOLDER, PARTNER AND/OR MEMBER OF SUCH BUSINESS ENTITY MUST BE SET FORTH BELOW.**

Name: \_\_\_\_\_

Legal Address (no PO Boxes): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Title or position held with said corporation, partnership, limited liability company or business entity:

\_\_\_\_\_

Telephone Number Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Emergency: \_\_\_\_\_

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Name: \_\_\_\_\_

Legal Address (no PO Boxes): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Title or position held with said corporation, partnership, limited liability company or business entity:

\_\_\_\_\_

Telephone Number Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Emergency: \_\_\_\_\_

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Name: \_\_\_\_\_

Legal Address (no PO Boxes): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Title or position held with said corporation, partnership, limited liability company or business entity:

\_\_\_\_\_

Telephone Number Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Emergency: \_\_\_\_\_

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- **IF NECESSARY ATTACHED ADDITIONAL PAGES TO SUPPLY ABOVE INFORMATION**

**ATTENTION: PLEASE DO NOT WRITE "SAME AS ABOVE" FOR ITEMS 3, 4 AND 5**

**3. Authorized agent Information** *(if no managing agent the owner must fill in his/her name and address below):*

Name of Authorized Agent of dwelling unit, if any: \_\_\_\_\_

Address of Managing Agent (no PO Boxes): \_\_\_\_\_

Mailing Address of Managing Agent: \_\_\_\_\_

Telephone Number Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Emergency: \_\_\_\_\_

**4. Managing Agent Information** *(if no managing agent the owner must fill in his/her name and address below):*

Name of Managing Agent/Operator of dwelling unit, if any: \_\_\_\_\_

Address of Managing Agent (no PO Boxes): \_\_\_\_\_

Mailing Address of Managing Agent: \_\_\_\_\_

Telephone Number Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Emergency: \_\_\_\_\_

**5. Designated Agent for Service of Process** *(if no designated agent for service of process, the owner must fill in his/her name and address below):*

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Emergency: \_\_\_\_\_

**6. Tenant Information:**

Term of Lease: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Description of Structure: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_ Kitchens: \_\_\_\_\_ Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_

**LIST ALL TENANTS AND CELL PHONE NUMBER:**

Name / Cell Phone # : \_\_\_\_\_,  
*Tenant Name Tenant Cell#*

Name / Cell Phone # : \_\_\_\_\_,  
*Tenant Name Tenant Cell#*

Name / Cell Phone # : \_\_\_\_\_,  
*Tenant Name Tenant Cell#*

Name / Cell Phone # : \_\_\_\_\_,  
*Tenant Name Tenant Cell#*

Name / Cell Phone# : \_\_\_\_\_,  
*Tenant Name Tenant Cell#*

Name / Cell Phone# : \_\_\_\_\_,  
*Tenant Name Tenant Cell#*

Name / Cell Phone# : \_\_\_\_\_,  
*Tenant Name Tenant Cell#*

Name / Cell Phone# : \_\_\_\_\_,  
*Tenant Name Tenant Cell#*

Pursuant to the Village Code of Belle Terre, a safety inspection from the Village Building Inspector is required. If the owner chooses not to have said inspection performed by the Building Inspector, a certification from a licensed architect or a license professional engineer is required stating that the property which is the subject of the rental permit application is in compliance with all of the provisions of the Code of the Village of Belle Terre, the laws and sanitary and housing regulations of the County of Suffolk and the laws of the State of New York.

- I am requesting a fire safety inspection to be performed by the Building Inspector from the Village of Belle Terre.
- I am submitting a certification from a licensed architect or a licensed professional engineer.

**DECLARATION:** *Signature must be notarized and MUST be by the owner of the dwelling unit.*

STATE OF NEW YORK }

COUNTY OF SUFFOLK }

I \_\_\_\_\_ certify, under penalty of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and the same are true and correct. Any documents, survey and plan(s) submitted with this rental occupancy permit application are true and accurate. I may request a copy of “Chapter 169, Rental Properties”, of the Code of the Village of Belle Terre and the New York State Property Maintenance Code and agree to abide by the same. There are no existing safety or health code violations of the Belle Terre Village Code or the New York State Uniform Fire Prevention and Building Code at the property which is the subject of this rental occupancy permit application. I do not have any knowledge of complaints from tenants or others regarding any existing code, safety or health violations at the property which is the subject of this rental occupancy permit application.

**Property Owner’s Name:** \_\_\_\_\_

**Owner’s Signature:** \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public