



OFFICE OF THE TOWN ATTORNEY / RENTAL HOUSING
200 Howell Avenue, Riverhead, NY 11901
(631) 727-3200 Ext 670 Fax (631) 727-0433

RENTAL RENEWAL OCCUPANCY PERMIT APPLICATION

**** MANAGING AND DESIGNATED AGENT INFORMATION MUST BE FILLED IN COMPLETELY BELOW**

1. Property Information:

Rental Property Address: _____

Tax Map #: DISTRICT - 0600 - SECTION- _____ - BLOCK- _____ - LOT- _____

Was the property purchased from the Town of Riverhead, any State or Federal agency, including Housing and Urban Development (HUD), Suffolk County, a School District, a Village or any other governmental agency or municipality?
 _____ If yes, please indicate which agency: _____

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

* 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: _____

* 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: _____

****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 P.O. Boxes): _____

Mailing Address of Managing Agent: _____

Telephone Number Daytime: _____ Evening: _____ Emergency: _____

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

Name: _____

Physical Address (no P.O. Boxes): _____

Mailing Address: _____

Telephone Number Daytime: _____ Evening: _____ Emergency: _____

6. Tenant Information:

Term of Lease: Beginning Date: _____ Ending Date: _____

Description of Structure: (i.e. One-Family, Two-family etc.): _____

Number of Rooms: _____ Kitchens: _____ Bedrooms: _____ Bathrooms: _____

LIST ALL TENANTS:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

TENANT PHONE NUMBER(s): _____, _____, _____
(Day) (Evening) (Cell)

Pursuant to the Town Code of the Town of Riverhead, Chapter 86 "Rental Dwelling Units", a safety inspection by a Code Enforcement Official from the Town of Riverhead is required. If the owner chooses not to have said inspection performed by a Code Enforcement Official from the Town of Riverhead a certification from a licensed architect or a licensed 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 Town of Riverhead, 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 a Code Enforcement Official from the Town of Riverhead.

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 acknowledge that the above premises must comply with Chapter 68 "Housing Standards" and Chapter 86 "Rental Dwelling Units" of the Code of the Town of Riverhead and the New York State Property Maintenance Code and the New York State Uniform Fire Prevention and Building Code in order to receive my bi-annual rental occupancy permit. 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

PLEASE NOTE: A copy of your most recent Tax Bill must also be submitted along with this application.