

VILLAGE OF WAPPINGERS FALLS



BUILDING INSPECTOR
CODE ENFORCEMENT OFFICER
JOHN J. FENTON JR.

FIRE INSPECTOR
CODE ENFORCEMENT OFFICER
RICHARD F. TRAVIS

CODE ENFORCEMENT OFFICER
ARMAND ALFONSO

**BUILDING DEPARTMENT
OFFICE OF CODE ENFORCEMENT
OFFICE OF THE FIRE INSPECTOR
7 SPRING STREET
WAPPINGERS FALLS, NY 12590
(845) 297-5277
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MAYOR
MATTHEW ALEXANDER
TRUSTEES
ROBERT MARSHALL
JOHN VISENTIN
RICHARD CERINO
PAUL ITALIANO
DENISE CALABRESE

RESIDENTIAL RENTAL OCCUPANCY PERMIT APPLICATION

1. Property Information:

Rental Property Address: _____

Tax Map # _____

2. Owner Information: *(provide the name(s), address(es) and telephone numbers of all owners of the rental property)*

Property Owner Name: _____

Property Owner's Legal Address (no P.O. Boxes): _____

Property Owner's current domicile: _____

Property Owner's Mailing Address: _____

Telephone #'s Daytime: _____ Evening: _____ Emergency: _____

Property Owner Name: _____

Property Owner's Legal Address (no P.O. Boxes): _____

Property Owner's current domicile: _____

Property Owner's Mailing Address: _____

Telephone #'s Daytime: _____ Evening: _____ Emergency: _____

Property Owner Name: _____

Property Owner's Legal Address (no P.O. Boxes): _____

Property Owner's current domicile: _____

Property Owner's Mailing Address: _____

Telephone #'s Daytime: _____ Evening: _____ Emergency: _____

• If necessary attach additional pages to supply above information.

RESIDENTIAL RENTAL OCCUPANCY PERMIT APPLICATION

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 P.O. Boxes): _____

Mailing Address: _____

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

entity: _____

Telephone # Daytime: _____ Evening: _____ Emergency: _____

Name: _____

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

Mailing Address: _____

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

entity: _____

Telephone # Daytime: _____ Evening: _____ Emergency: _____

Name: _____

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

Mailing Address: _____

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

entity: _____

Telephone # Daytime: _____ Evening: _____ Emergency: _____

• If necessary attach additional pages to supply above information.

RESIDENTIAL RENTAL OCCUPANCY PERMIT APPLICATION

ATTENTION: PLEASE DO NOT WRITE "SAME AS ABOVE" FOR ITEM NUMBES # 3, 4 & 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 P.O. Boxes): _____

Mailing Address of Managing Agent: _____

Telephone # 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 P.O. Boxes): _____

Mailing Address of Managing Agent: _____

Telephone # Daytime: _____ Evening: _____ Emergency: _____

****5. Designated Agent for Service of Process** (if no designated agent for service of process the owner must fill in his or her name and address below, must be an address of a person in Dutchess County):

Name: _____

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

Mailing Address: _____

Telephone # 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: _____

• **Officer (CEO) to complete:** Number of persons allowed to reside in the Dwelling Unit _____.

• **Signature of (CEO) Reviewed By:** _____

LIST ALL TENANTS:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

TENANT PHONE NUMBER(s): _____, _____, _____

(Day) (Evening) (Cell)

RESIDENTIAL RENTAL OCCUPANCY PERMIT APPLICATION

Pursuant to the Village of Wappingers Code, Chapter 120 “Rental Units”, a safety inspection by a Code Enforcement Officer from the Village of Wappingers Falls is required to determine compliance with the Code of the Village of Wappingers Falls and the laws of the State of New York.

[] I am requesting a fire safety inspection to be performed by a Code Enforcement Officer from the Village of Wappingers Falls.

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

STATE OF NEW YORK }
 }
COUNTY OF DUTCHESS }

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 residential rental permit application are true and accurate. To my knowledge there are no existing safety or health code violations of the Code of the Village of Wappingers Falls 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. I agree to remedy any violations of the Code of the Village of Wappingers Falls and/or the New York State Uniform Fire Prevention and Building Code and to notify the Office of the Code Enforcement Officer of any future complaints from tenants or others.

Property Owner’s Name: _____

Owner’s Signature: _____

Sworn to before me this _____ day of _____ 20____

Notary Public