



**VILLAGE OF WAPPINGERS FALLS**  
 Office of Building, Planning & Zoning  
 Office of Code Enforcement / Office of the Fire Inspector  
 2582 South Avenue, Wappingers Falls, NY 12590  
 Phone: (845) 297-5277 fax: (845) 296-0379  
 E-mail: [bmurphy@wappingersfallsny.gov](mailto:bmurphy@wappingersfallsny.gov)  
[www.wappingersfallsny.gov](http://www.wappingersfallsny.gov)

**RENTAL REGISTRY INSPECTION APPLICATION**

Property Owner / Building Information

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

Single Family \_\_\_\_\_ Two Family \_\_\_\_\_

Is this property Owner/Family occupied?  Yes  No (if yes, please contact this office prior to scheduled inspection)

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legal address of Owner: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Designation of Agent: (If the owner does not reside in the Village or within a radius of 25 miles of the premises, a local agent must be designated that can be reach day or night).

Names: \_\_\_\_\_

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

City, State & Zip Code: \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Cellphone (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**I hereby certify that the foregoing information (and all information in attached sheets, if any) is true and complete.**

\_\_\_\_\_  
 Name and Title of person signing Application

\_\_\_\_\_  
 Name and Signature of Owner

\_\_\_\_\_  
 Date

Zoning Department Use Only

Fee Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cash./Check# \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Inspector: \_\_\_\_\_ Re-inspection Date: \_\_\_\_\_ Closed Date: \_\_\_\_\_

Return this form by mail or in person to: **Office of Building, Planning & Zoning – 2582 South Avenue, Wappingers Falls NY 12590**