



TOWN OF PATTERSON
CODE ENFORCEMENT OFFICE
 PUTNAM COUNTY
 P.O. Box 470
 Patterson, NY 12563

Approve	Yes/No	Initial	Date
Need Information			
Review by Bldg. Insp.			
Review by Zoning			

NICK LAMBERTI
 Director of Codes Enforcement

Tel (845)878-6319
 Fax (845)878-2019

Rental Registration Application

Registration of ALL residential rental dwelling units is required in accordance with the Patterson Town Code. Registration of a residential rental dwelling unit does not establish legality of the dwelling unit. In order to establish legality, you may be required to apply to the Zoning Board of Appeals and/or the Putnam County Department of Health for compliance and approval.

Type of Application (check one) New _____ Renewal _____ (include copy of previous permit or approval)

Application Number: _____ Date: _____ Tax Map #: _____

Property Owner: _____ Address (mailing): _____

Property Location (911 address) _____

Address of Property Owner: _____
 (if different from above)

Telephone Number: _____
 (of property Owner)

A survey or site plan of the premises showing all buildings, structures, walks, drives and other physical features of the premises and the number, location and access of existing and proposed on-site vehicle parking facilities

If the rental is a condominium unit, please provide a scale drawing of the floor plan, in lieu of a survey or site plan, per Section §129-5 E of the Patterson Town Code.

Name of Managing agent/Operator name: _____

Address: _____ Telephone number: _____

Description of Structure

Building Type: Multi-family (3 or more units) _____ Single family or condominium _____ Accessory Apartment _____

Describe dwelling to be used/occupied for rental. Please include the number of dwelling units (If it is a main residence and one apartment, it would be two units) and the number of persons intended to occupy the premises. A floor plan showing the number of rooms in the existing dwelling and in each existing or proposed dwelling unit is required. This drawing must include dimensions of each room, means of ingress and egress, smoke detectors, number of persons intended to occupy and/or are presently occupying each dwelling unit.

Rental Registration Application

Number of Dwelling Units: _____ (Separate application required for each unit)

Number of TENANTS occupying unit: _____ Number of rooms: _____ Number of Bedrooms: _____

Dimensions of each room: _____

Total square footage of rental unit: _____

This application must also include the name and address of the insurance company, if any, providing the fire and other hazard and public liability insurance for the owner of the premises and a description of the type of insurance provided, policy limits for each coverage, and the policy number and expiration date of such policy.

Exceptions to this form are § 129-3 A (1) an accessory apartment, as defined by Chapter 154, for which a special use permit issued by the Zoning Board of Appeals is in effect shall not be required to comply with the provisions of this chapter. As well as §129-5 F Notwithstanding the above, no rental occupancy permit shall be required for a residential-care facility established under New York State guidelines only with respect to housing of persons requiring such care and excluding any housing provided for employees of such facility or other individuals.

The Code Enforcement Officer and/or Fire Inspector is authorized to conduct inspections, upon consent of the owner or occupant, of any rental dwelling unit and the premises in which same is located, to determine the condition of the rental dwelling units and to safeguard the health, safety, morals and welfare of the public. It shall be a condition of each rental occupancy permit, expressly stated therein, that the Code Enforcement Official and/or Fire Inspector shall have the right to inspect each permitted rental dwelling unit during the term of the permit, in accordance herewith, for the purpose of performing his duties, under this Chapter.

REQUIRED FEES for 3 Year Rental Registration – Non-refundable (yearly payment not acceptable)

\$75 per unit (up to 4 units) \$ _____

\$50 per unit (each additional unit in excess of 4) \$ _____

TOTAL FEE PER STRUCTURE \$ _____

I, (please print) _____, owner/operator (circle one) of above referenced premise, do hereby certify that the above statements are true, to the best of my knowledge.

Signature of Applicant _____ **Date** _____