



OFFICE OF THE TOWN ATTORNEY / RENTAL HOUSING
200 Howell Avenue, Riverhead, NY 11901
(631) 727-3200 Ext 670 Fax (631) 727-6152

RENTAL RENEWAL OCCUPANCY PERMIT APPLICATION

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?

No YES If yes, please indicate which agency: _____

2. Owner Information: *(set forth the name, address and telephone number of ALL owners of the rental property, if property is owned by a corporation or LLC, list said Corporation here; the owner information MUST match the deed)*

* 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: _____

3. Authorized Agent Information: *(If no Authorized Agent, check the box "NOT APPLICABLE" and initial, proceed to paragraph "4", the Owner/s above shall be deemed the Responsible Party and Contact for any and all Town Code matters, correspondence, etc.)*

NOT APPLICABLE, Owner Initials:

Name: _____

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

Mailing Address: _____

Telephone Number Daytime: _____ Evening: _____ Emergency: _____

4. Designated Agent for Service of Process

****REQUIRED IF ONE (1) OWNER IS NOT A RESIDENT OF SUFFOLK COUNTY, NEW YORK.**

(If no Designated Agent for Service of Process, check the box "NOT APPLICABLE" and initial box, proceed to paragraph "5", the Owner/s or Authorized Agent above shall be deemed the appropriate party for service of process)

NOT APPLICABLE, Owner Initials:

Name: _____

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

Mailing Address: _____

Telephone Number Daytime: _____ Evening: _____ Emergency: _____

5. Tenant Information:

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

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

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

LIST ALL TENANTS:

Name: _____

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

Pursuant to the Town Code of the Town of Riverhead, Chapter 263 "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.

