



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

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## **RENTAL OCCUPANCY PERMIT** **GENERAL INFORMATION AND INSTRUCTIONS**

The following information **must be submitted** with this application for new rentals.

1. **Identification and Tax Bill** - Identification must be a government issued picture ID with home address, such as *driver's license*, passport, etc. The tax bill may be obtained from the Tax Receiver's office.
2. **All blanks must be completed on application**. Please note on page 3 of application, if you do not have an authorized agent, managing agent or designated agent for service of process, then the owner **shall be considered those agents and may mark "Not Applicable" in completing those paragraphs**. In such instances, the Owner is consenting to and shall be considered the designated agent/appropriate party for service of process.
3. **Applications for properties owned by an LLP, LLC, Corporation or other Business Entity must submit Corporate Documents along with an "Authorizing Resolution" (in application) which grants the signer the ability to sign the application on behalf of the LLP, LLC, Corporation or other Business Entity**
4. **Deed/Owner's Duplicate Certificate of Title** - A copy of the recorded deed showing the liber and page numbers or a certified copy of the Owner's Duplicate Certificate of Title.
5. **Floor Plans** - Floor plans neatly drawn (graph paper preferred) of the ENTIRE structure or building, one, two, or three family dwelling, apartment, multi-unit apartment, apartment house, or condominium, etc. occupied or to be occupied by one or more persons as a home or residence. Label all rooms with dimensions. Include measurements (height and width) for all doors, windows and the floor to ceiling heights. Show location of all smoke detectors. For two family and multiple family dwellings, provide separate floor plans for each tenant's unit(s). See sample floor plan annexed hereto. (Attached is graph paper for your use).
6. **Survey** - A property survey of the premises drawn to scale not greater than forty (40) feet to one inch, or, if not shown on the survey, a site plan, drawn to scale, showing all buildings, structures, walks, driveways and other physical features of the property.
7. **Certificate of Occupancy or Letter of Pre-Existing Use (LPEU)** - A Copy of the Certificate of Occupancy or Letter of Pre-Existing Use (LPEU) for the structure or building, one, two, or three family dwelling, apartment, multi-unit apartment, apartment house, or condominium, etc. occupied or to be occupied by one or more persons as a home or residence. A Copy of the Certificate of Occupancy or Letter of Pre-Existing Use (LPEU) may be obtained through a FOIL request to the Building Department. Also include copies of the Certificate of Occupancy or Letter of Pre-Existing Use (LPEU) for any addition, garage, deck, shed, etc.

**8. Building permit application** - A building permit application is required for any proposed buildings, improvements and alterations, if any or if you need to legalize existing structures and/or improvements.

The following structures or improvements require a building permit. If you do not have a building permit, you will be required to obtain one prior to being issued a rental occupancy permit:

- Awning patio roof
- Cellar entrance
- Decks (18" above grade)
- Dormer
- Dwelling Extensions
- Fences - exceeding four feet in height (depending upon location)
- Finished basement or cellar**
- Garage
- Garage conversion
- Gazebo
- Outside second story deck and stairway
- Pools (in ground or above ground)
- Sheds (depending upon size and location)

**9. Condominium** - In the case of a condominium, a scale drawing or floor plan of the condominium unit, in lieu of a survey or site plan.

**FEES:**

A non-refundable permit application fee shall be paid upon filing of this application by cash, check or money-order made payable to the **Town of Riverhead**. The fee schedule, which provides for a **two-year permit**, is as follows:

<b>One Unit Dwelling</b>	<b>\$300</b>
Two Unit Dwelling	\$400
Three Unit Dwelling	\$500
Four Unit Dwelling	\$650
More than Four Units	\$1,000 plus \$100 for each unit in excess of five

## **APPLICATION PROCEDURE:**

1. Please mail/bring in your completed application along with all the required paperwork to the Rental Housing Division at Riverhead Town Hall. The application and required documents will be reviewed to make sure everything is complete before scheduling an inspection.
2. An inspection date will be scheduled for a Code Enforcement Official to inspect the proposed rental dwelling unit. All structures on the property must also be inspected - garages, sheds, decks, pool, etc. The inspection is required to determine the condition of the proposed rental dwelling unit and to ensure that such is in compliance with the applicable building code requirements of the Town of Riverhead, County of Suffolk and State of New York. If the owner chooses not to allow a Code Enforcement Official from the Town of Riverhead to inspect the proposed rental dwelling unit a certification from a licensed architect or a licensed professional engineer must be submitted with the application stating that the property which is the subject of the 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.
3. The proposed rental dwelling unit must be available for inspection, if the Code Enforcement Official cannot gain entry to the premises on the scheduled date and time, a \$50 re-inspection fee will be charged.
4. If the proposed rental dwelling unit fails the first inspection, all violations must be corrected and a second inspection must be scheduled accordingly. If the rental unit fails a second time, and previously cited items have not been corrected, you will be charged a \$50 re-inspection fee.
5. A rental occupancy permit will be issued when all requirements have been satisfied.

## **INSPECTION CRITERIA:**

**THE ITEMS SET FORTH BELOW ARE NOT A COMPLETE LIST OF ALL OF THE REQUIREMENTS REQUIRED BY 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 BUT SUCH ARE SET FORTH AS A GUIDE IN ORDER TO ASSIST THE APPLICANT AS TO WHAT ITEMS NEED TO BE COMPLIED WITH BEFORE A RENTAL OCCUPANCY PERMIT IS ISSUED.**

### **EXTERIOR**

- 1) Address numbers. As per Riverhead Town Code §64-59(B) the numerals used to display the street address number of the dwelling unit shall be painted on a plaque or on the front of the dwelling unit or made of metal or other durable material. The numbers shall be at least four inches in height. All street numbers shall be displayed so as to be easily seen from the street by both pedestrians and drivers of vehicles.
- 2) Driveway must be free from physical hazards and in good repair
- 3) Roof Drains, Gutters, Downspouts must be maintained in good repair and free from obstructions.
- 4) Roof Coverings (Shingles) must not exceed two layers.
- 5) Roof Covering must be in good repair no dry rot or deterioration on shingles.
- 6) Exterior surfaces must be free of chipping, peeling or flaking paint.
- 7) Exterior surfaces of metal must be free of rust.
- 8) Exterior Walls must be free from holes, breaks, cracks or loose and missing siding or shingles.
- 9) Screening must be in good repair and properly fit within the window or doorframe provided.
- 10) Overhang extensions including canopies, porches must be in good repair and properly anchored.
- 11) Handrails and Guards must be present on any stairway with 4 or more stair risers.
- 12) Handrails and Guards must be firmly fastened and free from deterioration.
- 13) Guards required on any deck or porch 30 inches over grade.
- 14) Stairways, Porches and Balconies must be structurally sound with proper anchorage, free from deterioration.
- 15) Window frames must be free from deterioration and in sound condition.
- 16) Doorframes must be free from deterioration and in sound condition.
- 17) Window panes and glass must be free from cracks or holes.
- 18) Property must be free of any unregistered vehicles unless appropriately screened.
- 19) Property areas must be free from all litter.
- 20) Property must be free of any physical hazards.
- 21) Property must be free of any weeds, grass in excess of 4 inches in height.
- 22) Cesspool must be capable of disposing waste without a health hazard or overflow.
- 23) All accessory structures must be structurally sound in good repair and free from deterioration.
- 24) Chimney must be structurally sound and in good repair, no cracks or holes.
- 25) Vents and flues must be properly anchored, installed and in good repair with no cracks or holes.
- 26) Foundation must be free from cracks, holes or deficiencies that cause un-plumb walls or unsafe settlement.
- 27) Proper Storm windows and doors with screens shall be installed and functioning.

### **INTERIOR**

- 1) ALL interior surfaces must be clean and sanitary.
- 2) ALL interior surfaces must be free from peeling paint, corrosion, rust, cracks and holes.
- 3) **LIVING ROOMS, DINING ROOMS, KITCHENS, BASEMENTS, PORCHES AND LAUNDRY ROOMS shall not be utilized as Bedrooms unless the Town of Riverhead Building Department has issued a Certificate of Compliance for such occupancy. (The Code Official will determine the maximum occupancy of your dwelling unit based on the floor plan submitted and a calculation of square footage of bedrooms and habitable spaces, pursuant to New York State Property Maintenance Code).**
- 4) Exit doors must be free and clear of all obstructions.

- 5) Extension cords are prohibited for use as permanent wiring. (Surge protectors strips are ok if supplying electronic devices only)
- 6) ALL Windows, which are designed to OPEN, must “freely open” (without force) and be capable of staying in place at any giving point.
- 7) ALL Door hardware must be present and operational including self-closing pistons on storm doors.
- 8) Adequate water pressure must be provided to all sinks, showers, bathtubs.
- 9) Hot and Cold water must be functional at all fixtures.
- 10) Bathroom(s) must have either one open able window or a functional mechanical vent or both.
- 11) ALL Walking surfaces must be in good repair, no defects.
- 12) Bathroom Floors must be non-absorbent to water and moisture.
- 13) Bathtub and/or Shower stalls must free from leaks cracks or holes.
- 14) Bathrooms must contain one functional receptacle.
- 15) ALL Light Fixtures must be appropriately covered and functional at time of inspection.
- 16) Artificial Lighting is necessary in all stairways, exit doors and basements.
- 17) Hallways, Porches and Balconies must be free from obstructions.
- 18) Railings and Guards must be present on all interior stairways and structurally sound.
- 19) Toilet(s) must flush properly, free from leaks and drain without nuisances.
- 20) **BEDROOMS MUST NOT BE OVER-OCCUPIED (The Code Official will determine the maximum occupancy of your dwelling unit based on the floor plan submitted and a calculation of square footage of bedrooms and habitable spaces, pursuant to New York State Property Maintenance Code).**

**21) Battery-operated smoke detectors are required in each bedroom.** Battery-operated smoke detectors are required for any hallway leading to a bedroom. One battery-operated smoke detector is required for each level of the building including the basement/cellar. Battery operated smoke detector is required in any stairway (one hallway smoke will suffice if said hallway is adjoined to such stairway). For new construction, all smoke detectors must be electrically hardwired with a battery backup; no battery-operated smoke detectors are permitted. (Section §704of the NYS Property Maintenance Code.)

- 22) Smoke detectors must be properly mounted and positioned in accordance with the manufactures instructions. (At least 12-inches from wall if mounted on ceiling, and exactly 12 inches down from ceiling if mounted on wall).
- 23) Multi-plug adaptors or prohibited (two-way and three-way electrical extenders) (see #5 on surge protectors)
- 24) Doors to sleeping rooms must not contain hasp locks, or keyed entries.
- 25) Windows must not be blocked with furniture or other obstructions.
- 26) Furnaces, Boilers and Water Heating Equipment must be serviced and cleaned annually by a qualified service technician. (A copy of such service inspection shall be posted in a conspicuous place and dated accordingly)
- 27) Combustible storage is prohibited within 36-inches of any Furnace, Water heater or Boiler.
- 28) Basement and Cellars shall not have excessive storage (clear path of travel must be maintained to all heat producing mechanical equipment and electric panel)
- 29) Dwelling unit(s) shall be provided with heat and be capable of maintaining a stable 70 degree temperature from September 15<sup>th</sup> through May 31<sup>st</sup> (Chapter §263 of the Code of the Town of Riverhead.)

**\*\*\* PLEASE NOTE: YOU NOW MUST HAVE A CARBON MONOXIDE DETECTOR ON EACH FLOOR OF THE RENTAL DWELLING.**



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**200 Howell Avenue, Riverhead, NY 11901**  
**(631) 727-3200 Ext 670 Fax (631) 727-727-0433**

**RENTAL 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? \_\_\_\_\_ If yes, please indicate which agency: \_\_\_\_\_

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

① Property Owner Name: \_\_\_\_\_

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

Property Owner's current domicile: \_\_\_\_\_, \_\_\_\_\_  
(street address) (Township)

\_\_\_\_\_  
(State & Zip Code) E-MAIL ADDRESS \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

Telephone Number Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Emergency: \_\_\_\_\_

② Second Property Owner Name **(If no Second Owner, mark "Not Applicable"):**

\_\_\_\_\_

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

Property Owner's current domicile: \_\_\_\_\_, \_\_\_\_\_  
(street address) (Township)

\_\_\_\_\_  
(State & Zip Code) E-MAIL ADDRESS \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

Telephone Number Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Emergency: \_\_\_\_\_

**CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR OTHER BUSINESS ENTITY**

1. The name and telephone number of each owner, officer, principal, shareholder, partner and/or member of such business entity must be submitted on next page.
2. **The "Authorizing Resolution" (next page) must be completed. This grants the signer the ability to sign the application on behalf of the LLP, LLC, Corporation or other Business Entity.**
3. All current Corporate Documents must be submitted with application.

**\*\* CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR  
OTHER BUSINESS ENTITY**

**Authorizing Resolution**

Date: \_\_\_\_\_

Town of Riverhead  
200 Howell Avenue  
Riverhead, NY 11901

To Whom It May Concern:

I, (name) \_\_\_\_\_ am the (title/position) \_\_\_\_\_ of (name of LLP,  
LLC, Corporation or other Business Entity) \_\_\_\_\_.

The Members of the \_\_\_\_\_ are:

(Name) \_\_\_\_\_ : (title/position) \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

(Name) \_\_\_\_\_ : (title/position) \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

(Name) \_\_\_\_\_ : (title/position) \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Pursuant to a vote on (date) \_\_\_\_\_, (name of LLP, LLC, Corporation or other Business Entity)

\_\_\_\_\_, has authorized (name) \_\_\_\_\_, to act as an

Agent for (name of LLP, LLC, Corporation or other Business Entity)

\_\_\_\_\_, with respect to all matters with the Town of Riverhead

and is authorized to sign all documents, agreements, etc. on the behalf of (name of LLP, LLC, Corporation or  
other Business Entity) \_\_\_\_\_.

Should you have any questions, please feel free to call me at ( ) \_\_\_\_\_.

Very truly yours,

\_\_\_\_\_ (Signature and title/position)

**PLEASE NOTE: CORPORATE DOCUMENTS SHOWING FILING MUST BE SUBMITTED WITH APPLICATION.**

**3. Authorized Agent Information:** (If no Authorized Agent, mark below "Not Applicable", proceed to paragraph "4" and the Owner/s above shall be deemed the only party authorized to process this application and communicate with the Rental Housing Unit regarding this application.)

Name of Authorized Agent of dwelling unit, if any: \_\_\_\_\_

Address of Authorized Agent (no P.O. Boxes): \_\_\_\_\_

Mailing Address of Authorized Agent: \_\_\_\_\_

Telephone Number Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Emergency: \_\_\_\_\_

**4. Managing Agent Information:** (If no Managing Agent, mark below "Not Applicable", proceed to paragraph "5" and the Owner/s above shall be deemed the Responsible Party and Contact for any and all Town Code matters, correspondence, etc.)

**\*\*NOTE:** If at least one (1) Owner is not a resident of Suffolk County, New York, a Managing Agent physically residing within the County of Suffolk **MUST** be provided in order for this application to be fully processed.

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: \_\_\_\_\_

**5. Designated Agent for Service of Process:** (If no Designated Agent for Service of Process, mark below "Not Applicable", proceed to paragraph "6" and the Owner/s or Managing Agent above shall be deemed the appropriate party for service of process.)

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.): \_\_\_\_\_

# of Rooms: \_\_\_\_\_ Living Room: \_\_\_\_\_ Dining \_\_\_\_\_ Kitchen: \_\_\_\_\_ 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 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. **\*\*\* PLEASE CONTACT THE RENTAL HOUSING DEPARTMENT AT (631) 727-3200 EXT. 670 ABOUT OBTAINING THE PROPER FORMS IF USING AN ARCHITECT OR A LICENSED PROFESSIONAL ENGINEER.**

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

**FALSE STATEMENTS MADE HERIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK**

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 have read and understand Chapter 217 "Housing Standards" and Chapter 263 "Rental Dwelling Units" of the Code of the Town of Riverhead and New York State Property Maintenance Code and agree to abide by same. There are no existing safety or health code violation of the Code of the Town or Riverhead 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.

**Property Owner's Name:** \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**DECLARATION OF MANAGING AGENT (if applicable):**

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 have read and understand Chapter 217 “Housing Standards” and Chapter 263 “Rental Dwelling Units” of the Code of the Town of Riverhead and New York State Property Maintenance Code and agree to abide by same. There are no existing safety or health code violation of the Code of the Town or Riverhead 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.

**Managing Agent’s Name:** \_\_\_\_\_

**Managing Agent’s Signature:** \_\_\_\_\_

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
*Notary Public*

For office use only: RECEIPT INFORMATION

No. of units at application address \_\_\_\_\_ Fee \_\_\_\_\_ Payment method \_\_\_\_\_

Check No. \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature \_\_\_\_\_

Receipt # \_\_\_\_\_