

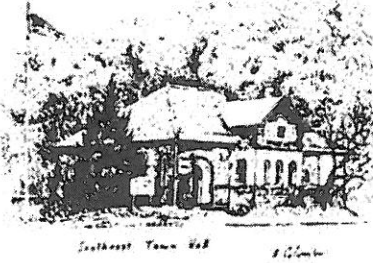
# Town of Southeast

1 Main Street, Brewster, New York 10509

**MICHAEL J. LEVINE**  
Building Inspector

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Assistant Building Inspector

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Approve	Yes /No	Initial	Date
Need Information			
Review By Building Insp.			
Review By Zoning			

## RENTAL OCCUPANCY PERMIT APPLICATION

**Application must also include:**

**One (1)** Copy of property survey **stamped and signed by a Licensed Surveyor**, at a scale of 40:1, showing all buildings, structures, walks, drives, other physical features of the premises, and the number, location, and access of existing on-site vehicle parking facilities.

**One (1)** copy of Certificate of Occupancy(ies) for the structure

**One (1)** copy of each Building Permit for all proposed buildings, or improvements and alterations to existing buildings on the site.

**One (1)** sketch of the interior rooms showing dimensions of each including windows and exits from all room. This is required for both new and renewal applications.

*If the above documentation is already on file (except the sketch) as a result of other permits previously issued, applicant need not supply such documentation again.*

**Type of Application (Check one)** New \_\_\_\_\_ Renewal \_\_\_\_\_ (For Renewals include a Copy of previous permit)

LOCATION OF PREMISES (911 address) \_\_\_\_\_ TAX MAP \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

OWNER(s) Name(s) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ and/or CELL PHONE \_\_\_\_\_

MANAGING AGENT OR OPERATOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Building Type (check one) \_\_\_\_\_ Multi-family (2 or more Units) \_\_\_\_\_ Single family \_\_\_\_\_

Number of Rental Units in the Structure \_\_\_\_\_ (Separate Application required for each Unit). Location of Rental in Structure : \_\_\_\_\_.

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Smoke Detectors are installed and functioning in each bedroom and on each floor of the dwelling unit. \_\_\_\_\_ (yes or no)

Carbon Monoxide Detectors are installed in the following locations: \_\_\_\_\_.

Please provide dimensions of each bedroom: \_\_\_\_\_.

Please provide the opening dimensions of the largest window in each bedroom (the opening dimension is the height and width of the window opening when fully open): \_\_\_\_\_.

Number of TENANTS in this Unit \_\_\_\_\_ Location of Rental Unit in the Structure (basement, entire unit etc.) \_\_\_\_\_

TOTAL NO. of ROOMS \_\_\_\_\_ NO. of BEDROOMS \_\_\_\_\_ NO. of Baths \_\_\_\_\_ NO. of Other Rooms \_\_\_\_\_

Dimension and Use of Other Rooms \_\_\_\_\_

**DESCRIPTION OF BALANCE OF STRUCTURE OUTSIDE OF RENTAL UNITS:**

TOTAL NO. of ROOMS \_\_\_\_\_ NO. of BEDROOMS \_\_\_\_\_ NO. of BATHS \_\_\_\_\_ Number of OTHER ROOMS \_\_\_\_\_

Dimensions & Use of OTHER ROOMS \_\_\_\_\_

**REQUIRED FEES for 3 Year Rental Occupancy Permit**

**\$150 each for Units 1 through 4** \$.....

**\$100 for each additional Unit ON THE SAME TAX PARCEL** \$.....

**TOTAL FEES for Structure** \$ \_\_\_\_\_

I, (please print) \_\_\_\_\_ the OWNER or OPERATOR OF PREMISES (circle one), do hereby certify that the above statements are true to my knowledge.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_