



**OFFICE OF THE  
BUILDING INSPECTOR**

10 MAPLE AVE.  
NEW CITY, NY 10956/5099  
(845) 639-2100

*ERIK ASHEIM,  
BUILDING INSPECTOR*

*STEPHEN UNGERLEIDER,  
CHIEF FIRE SAFETY INSPECTOR*

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**RENTAL REGISTRATION APPLICATION**

**You must submit a separate registration form for each parcel**

Pursuant to the Town of Clarkstown Rental Registry Law, Chapter 157, Article IX, the owner of a one-family or two family dwelling unit shall complete this form and register the "dwelling" with the Town of Clarkstown Building Department.

Every owner of a one-family dwelling unit or a two-family dwelling unit in the Town of Clarkstown, as defined in this chapter, who is engaged in rental occupancy of such premises shall register within 90 days of the effective date of this article (September 13, 2016).

Post Office Boxes shall not be accepted as an owner's or agent's physical address. There is space provided below for the mailing address. The dwelling intended to be registered shall not be utilized as the owner's or agent's address.

This application does not become a permit until approved by the Clarkstown Building Department. The rental registry permit is valid for two years from the date of issuance. The fee for this application shall be **\$250.00** for each parcel. The check shall be made payable to the "**Town of Clarkstown Building Department.**"



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Rental Property Information

Applicants filing for a Rental Occupancy Permit (new application) **must provide ALL the information with application** before submitting to this office.

Applicants filing for a Renewal must provide this information when applicable and when updating of information is necessary.

**CHECK LIST**

- 1) Provide a copy of property survey of the premises.
- 2) Provide a description of the premises;

Is there a basement or cellar? \_\_\_\_\_ If yes, is there habitable space? \_\_\_\_\_

How many kitchens are there? \_\_\_\_\_ If yes, is it Zoned 1 Family or 2 Family? \_\_\_\_\_

Was C.O. granted? \_\_\_\_\_

- 3) Provide a layout with detailed dimensions of each floor including number of room, such as bedrooms, bathrooms, kitchen, closets etc.
- 4) Provide copy of Photo ID of property owner
- 5) Owner is required to fill out, date & signs Page # 8.
- 6) Make sure the Owner ONLY fills out & signs attached Affidavit in front of Notary.

IF ANY OF THE ITEMS ON CHECK LIST & APPLICATION ARE INCOMPLETE,  
THEY WILL BE RETURNED TO APPLICANT.



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REQUIRED OWNER INFORMATION

Physical Address of Rental Property: \_\_\_\_\_

Tax Map ID#: \_\_\_\_\_

Type of Application: \_\_\_\_\_

Property Owner Name(s): \_\_\_\_\_

Type of Owner:

Table with 3 columns and 4 rows of owner types: Individual, Partnership, Limited Liability Partnership, Joint Tenancy, Tenancy in Common, Tenancy by Entirety, Association, Corporation, Other.

\*\*Please note: if you checked any box other than individual above, you will need to complete page 5 of this registration.

Property Owner Physical Address: (Where currently resides, NO P.O. BOXES)

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

\_\_\_\_\_



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If you do not live in Rockland County, a local agent/contact is required.

Agent/Local Contact Name(s): \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

All official correspondence (Notices, Violation Notices, Invoices, Etc.) will be mailed to the address of record provided to the Town of Clarkstown. If you wish for correspondence to be sent elsewhere, for example, your property manager/designated agent above, please provide that in the space below. Please be advised that if this information changes, it is your responsibility to contact our office to file a new Rental Registration Application.

Contact: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_



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Is there an attic?: \_\_\_\_\_ If yes, is there habitable space?: \_\_\_\_\_ Was C.O. granted?: \_\_\_\_\_

Are there auxiliary buildings? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate with an X which closest describes the auxiliary buildings:

\_\_\_\_\_ 1 car garage; \_\_\_\_\_ 2 car garage; \_\_\_\_\_ 3 or more car garage; \_\_\_\_\_ Shed;  
\_\_\_\_\_ Other (describe) \_\_\_\_\_

The following questions are pertinent to each specific rental dwelling unit: (if there are more units, add additional sheets as needed)

**UNIT 1:**

Apt/Room Identifier (letter/number) of Rental Unit: \_\_\_\_\_

Is this Unit Vacant or Occupied: \_\_\_\_\_

Square Footage of Habitable Space in this Unit: \_\_\_\_\_

**UNIT 2:**

Apt/Room Identifier (letter/number) of Rental Unit: \_\_\_\_\_

Is this Unit Vacant or Occupied? \_\_\_\_\_

Square Footage of Habitable Space in this Unit: \_\_\_\_\_

Term of Lease: \_\_\_\_\_



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As noted on page 2 of this application, if you are anyone other than an individual owner, you are required to return this page with your Rental Registration Application.

**Owner is a Partnership, Limited Liability Partnership,  
Joint Tenancy, Tenancy in Common, Tenancy by Entirety, Association or  
Other:**

Each Owner, Partner's or General Partner's Name(s), Residence Address, Business Address,  
Telephone# and Email:

Name and Residence Addresses:

1) _____	2) _____
_____	_____
_____	_____

Business Address:

1) _____	2) _____
_____	_____
_____	_____

Telephone and Email:

1) _____	2) _____
_____	_____
_____	_____



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**Owner is a Corporation or Limited Liability Company**

Principal place of business for Corporation or Limited Liability Company:

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Please provide the Name, Title and Residence Address of each Officer, Director and Managing Agent of the Said Corporation or Limited Liability Company:

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Residence: \_\_\_\_\_

Residence: \_\_\_\_\_

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APPLICANT IS REQUIRED TO FILL OUT & SIGN BELOW

I, \_\_\_\_\_, hereby apply for the Town of Clarkstown Rental Registry Permit. I further authorize the required inspection of the rental property, owned by me, at \_\_\_\_\_ in the Town of Clarkstown, New York.

YOU WILL BE CONTACTED WITH A SCHEDULED INSPECTION DATE AND TIME

Any false statement made herein is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

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

\*\*\*BELOW FOR OFFICE USE ONLY\*\*\*

DATE OF INSPECTION: \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_

APPROVED DATE: \_\_\_\_\_

INSPECTORS SIGNATURE: \_\_\_\_\_





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AFFIDAVIT IN CONNECTION WITH RENTAL REGISTRATION PERMIT

STATE OF NEW YORK)

ss:

COUNTY OF ROCKLAND)

\_\_\_\_\_, being duly sworn, deposes and says:

- 1. I reside at \_\_\_\_\_,
2. I am the owner of property located at \_\_\_\_\_

Which is further identified on the Tax Map of the Town of Clarkstown as:

MAP: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

- 3. I make this affidavit in support of my application for a Rental Registry Permit by the Building Inspector of the Town of Clarkstown.

I understand that the premise for which I am applying for a rental registry permit (Circle one: has or has not) been granted a Certificate of Occupancy for a second kitchen.

I UNDERSTAND AND ACKNOWLEDGE THAT THE PREMISE LOCATED AT:

IS TO BE MAINTAINED AND OCCUPIED AS A (Circle one: SINGLE FAMILY DWELLING or TWO FAMILY) DWELLING AS DEFINED BY THE TOWN CODE OF THE TOWN OF CLARKSTOWN PURSUANT TO CHAPER 157 "HOUSING STANDARDS APPLICABLE TO RESIDENTIAL PREMISES"

I FURTHER UNDERSTAND THAT THE PREMISE IS ZONED (Circle one: SINGLE FAMILY or TWO FAMILY).

FAILURE TO COMPLY WILL RESULT IN A VIOLATION AND PROSECUTION IN A COURT OF LAW.

Signature

Notary

Date

Empty rectangular box for signature or notary use.