

Town of Southeast

67 Main Street, Brewster, New York 10509

CHARLES TESSMER
Code Enforcement Officer

BILL SCORCA
Code Enforcement Officer

Telephone (845) 279-8873
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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.

If the above documentation is already on file 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 _____ ADDRESS _____ PHONE _____

MANAGING AGENT OR OPERATOR _____ ADDRESS _____ PHONE _____

DESCRIPTION OF STRUCTURE:

Building Type (check one) _____ Multi-family (2 or more Units) _____ Single family _____ Accessory Apartment _____

Number of Rental Units in the Structure _____ (Separate Application required for each Unit).

Inside dimensions of this Unit _____

DESCRIPTION OF OCCUPANTS IN THIS UNIT:

Number of TENANTS in this Unit _____ Names of EACH TENANT in Unit _____

Location of Rental Unit in the Structure _____

TOTAL NO. of ROOMS _____ NO. of BEDROOMS _____ Dimensions of each BEDROOM _____

NO. of BATHS _____ Number of OTHER ROOMS _____ Dimensions & Use of OTHER ROOMS _____

DESCRIPTION OF BALANCE OF STRUCTURE OUTSIDE OF RENTAL UNITS:

TOTAL NO. of ROOMS _____ NO. of BEDROOMS _____ Dimensions of each Bedroom _____

NO. of BATHS _____ Number of OTHER ROOMS _____ Dimensions & Use of OTHER ROOMS _____

REQUIRED FEES for 2 Year Rental Occupancy Permit

\$75 each for Units 1 through 4 \$.....

\$50 for each additional Unit in Structure \$

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 _____