



**INCORPORATED VILLAGE OF PORT JEFFERSON**

**DIVISION OF BUILDING**

88 North Country Rod, Port Jefferson, NY 11777  
Telephone (631) 473-4744 Fax (631) 473-2049

**APPLICATION FOR APARTMENTS**

*Pursuant to Chapter Article IX, § 161-33. of the Port Jefferson Village Code*

Section Block Lot \_\_\_\_\_ Fee \_\_\_\_\_ (Additional Fees listed if applicable)

Applicant (*Owner of Property*): \_\_\_\_\_ Telephone \_\_\_\_\_

Address (*Location of Property*): \_\_\_\_\_

Name and Address of Business Owner or Officers if a Corporation:

\_\_\_\_\_

Telephone of Business Owner \_\_\_\_\_

(1) For a building containing an apartment or apartments consisting of the following number of bedrooms, the following shall be due for each apartment.

NUMBER OF BEDROOMS	( FEE FOR EACH APARTMENT )	Circle One
( ) One = \$150	( ) Two = \$250	( ) Three = \$350
( ) Four = \$450	( ) Five = \$550 PLUS \$100 for each bedroom in excess of 5	

Number of Apartments \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

**FOR APARTMENT BUILDINGS:** Number of Units in Building \_\_\_\_\_

(2) For multi-unit apartment complexes containing the following number of apartments, the following fees shall be due for each complex:

NUMBER OF UNIT APARTMENTS	( FEE FOR EACH COMPLEX )	Circle One
4 to 50 = \$1,000	51 to 100 = \$1,500	101 to 200 = \$2,500
		Over 200 = \$5,000

**Please submit a copy of the Certificate of Occupancy on the structure.**

Have there been any changes or alterations to building in the last twelve (12) months? \_\_\_\_\_

THIS APPLICATION AND ANY LICENSE / PERMIT ISSUED ARE PURSUANT TO THE PROVISIONS OF CHAPTER ARTICLE IX, § 161-33 OF THE VILLAGE CODE

THIS LICENSE /PERMIT DOES NOT TAKE THE PLACE OF ANY LICENSE REQUIRED BY LAW AND IS NOT TRANSFERABLE.



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ANY CHANGE IN THE USE, OCCUPANCY OR OWNERSHIP OF PREMISES SHALL REQUIRE A NEW LICENSE / PERMIT.

PRINT NAME \_\_\_\_\_

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

I, (We), swear that the foregoing matters set forth herein are true.

\_\_\_\_\_  
*Signature Title Date*

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

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

**TO BE COMPLETED BY INSPECTOR**

Number of Apartments \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

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

Approved \_\_\_\_\_  
*Inspector*

Violations \_\_\_\_\_

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

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