



INCORPORATED VILLAGE OF PORT JEFFERSON

Building & Planning Department

88 North Country Road, Port Jefferson, NY 11777

Ph (631) 473-4744 Fax (631) 473-2049

www.portjeff.com

APPLICATION FOR RENTAL PERMIT

Dear Rental Property Owner:

Pursuant to Village Code §205 Rental Property Article 1. Occupancy Permits

§205-4 Rental Occupancy Permit Required; Application

§205-10 Rental Registration Required.

§205-7 All permits issued pursuant to this article shall be valid for a period of two years from date of issuance.

Enclosed is an application to renew or apply for a Rental Permit in order to operate a rental dwelling within the Incorporated Village of Port Jefferson. The application must be completed, signed and notarized.

Please return the application with the appropriate fee to the Building Department within ten (10) days of receipt. You need to schedule an appointment for an inspection of the unit or units with our Building Inspector.

NOTE:

Failure to comply is a violation of the Port Jefferson Village Code Section(s) §205-4, 205-10. Please see enclosure.

NOTE:

You have the option of having a licensed professional engineer or registered architect perform the inspection of the unit or units at your expense instead of a Village Code Enforcement Officer. Please be advised that all applicable fees must still be submitted. If you choose this option, you must notify the Village of Port Jefferson upon submission of the application. This inspection must take place within thirty (30) days of receipt of your completed application.

**** Application must include the following:**

- Copy of current property survey
- Evidence of ownership by contract of sale or deed
- Certificate of Occupancy or Certificate of Existing Use for dwelling and all improvements present on the property
- Copy of interior floor plan
- Copy of proposed lease or indication that the rental will be month to month



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APPLICATION FOR RENTAL PERMIT & RENTAL REGISTRATION

Property Owner Information: (PLEASE PRINT CLEARLY OR APPLICATION WILL BE RETURNED)

1. Name: _____ 2. Phone #: _____

3. Mailing Address: _____ 4. Email: _____

Rental Property Information:

5. Rental Property Address: _____

6. Rental Property Tax Map No.: _____

7. Number of apartments/separate units in the building you are seeking a permit for: _____

8. Total number of conventional bedrooms you are seeking a permit for: _____

9. Name(s) & Telephone(s) of Renter(s)/Tenant(s): _____

10. Monthly rental amount/type of unit (e.g. # of rooms, # of bdrms & baths, unit sq. ft. area, # of stories in unit) _____

11. Please attach a copy of the proposed lease or indicate if the rental will be month to month _____

PROPERTY OWNER SIGNATURE: _____

I understand that false statements made herein are punishable as a Class A misdemeanor pursuant to §210.45 of the New York State Penal Law. _____ Read and acknowledged

Approved: _____ Denied: _____ Total Occupancy: _____

Senior Building Inspector: _____ Date: _____



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**RENEWAL APPLICATION FOR RENTAL PERMIT
& RENTAL REGISTRATION**

1. Owner: _____ 2. Telephone #: _____ 3. Date: _____
4. Owner's Mailing Address: _____ 5. Owner's Email: _____
6. Rental Property Address: _____
7. Number of apartments/separate units in the building you are seeking a renewal permit for: _____
8. Total number of conventional bedrooms you are seeking a renewal permit for: _____
9. Name(s) & Telephone(s) of Renter(s)/Tenant(s) _____

PROPERTY OWNER SIGNATURE: _____

I understand that false statements made herein are punishable as a Class A misdemeanor pursuant to §210.45 of the New York State Penal Law. _____ Read and acknowledged

Approved: _____ Denied: _____ Total Occupancy: _____

Senior Building Inspector: _____ Date: _____

RENTAL PERMIT FEE SCHEDULE

ONE-TWO BEDROOMS	\$250
THREE BEDROOMS	\$300
FOUR BEDROOMS	\$350
FIVE BEDROOMS	\$350
MORE THAN FIVE BEDROOMS	\$450 + \$200 EACH ADDITIONAL BEDROOM