



TOWN OF BROOKHAVEN RENTAL LICENSE APPLICATION

DIVISION OF BUILDING - James M. Tullo, Commissioner • Tara McLaughlin, Deputy Commissioner
One Independence Hill, Farmingville, N.Y. 11738 • Phone 631-451-6333 • Fax 631-451-6341 • www.brookhavenny.gov

ONE-FAMILY DWELLING FEE	MULTI-UNIT APARTMENT COMPLEX FEE
<input type="checkbox"/> One (1) Bedroom \$95 <input type="checkbox"/> Two (2) Bedrooms \$160 <input type="checkbox"/> Three (3) Bedrooms \$220 <input type="checkbox"/> Four (4) Bedrooms \$285 <input type="checkbox"/> Five (5) Bedrooms \$445 (plus \$100 for each bedroom in excess of 5 Bedrooms)	<input type="checkbox"/> 4 to 50 units \$1000 <input type="checkbox"/> 51 to 100 units \$1500 <input type="checkbox"/> 101 to 200 units \$2500 <input type="checkbox"/> Over 200 units \$5000

- SURVEY** (or DEED in lieu of survey) - drawn to scale, showing all buildings, structures, walks, driveways and other physical features of the property and the number, location of proposed on-site vehicle parking facilities. Surveys must include the surveyor's seal, survey date/or revision date and the distance from the nearest tie street.
- PLANS** - 3 copies of the floor plans of each rental unit. Include the location of smoke detectors and carbon monoxide alarms.
- CERTIFICATES OF** - OCCUPANCY (CO), COMPLIANCE (CC), EXISTING USE (CEU), ZONING COMPLIANCE (CZC), Previous Rental Licenses of rental dwelling units per structure: (All Certificates are required)
- PROOF OF CORPORATION, LLC, TRUST** All of the following are required:
Articles of Organization, Operating Agreement, and LLC Membership Certificate
- FEE** - a non-refundable permit application fee payable upon filing an application in accordance with the above schedule

Upon the filing of a Rental Registration application a Temporary Rental Registration will be issued.

The Temporary Rental Registration expires ninety (90) days from issuance. Within ninety (90) days of the issuance of the Temporary Rental Registration the owner/applicant of the rental dwelling unit shall arrange for an inspection of the unit or units and the premises on which the same are located by:
(1) the Town of Brookhaven Building Division, or (2) provide to the Chief Building Inspector an Inspection Report signed by either a NYS licensed Professional Engineer, a NYS licensed Registered Architect, or a NYS licensed Home Inspector who also holds a current NYS Code Enforcement Official Certification, certifies the structure and the dwelling units contained therein meet all applicable housing, sanitary, building, electrical and fire codes, rules and regulations, including Town of Brookhaven Town Code Chapters 82 (Neighborhood Preservation Requirements) and Chapter 85, and The Property Maintenance Code of NYS, and The Fire Code of NYS.

When within the ninety (90) days in which the Temporary Rental Registration is valid that there occurs approval of the inspection standards by a Town of Brookhaven Building Inspector or proof of approval of the inspection standards by the NYS licensed professional referenced above. The Chief Building Inspector will issue for dwelling units located in a one, two, or three family dwelling a Provisional House Rental License valid for 15 months date of issuance of the Temporary Rental Registration, and for multi-unit apartment complexes a Provisional House Rental License valid for 2 years from the date of issuance of the Temporary Rental Registration.

PROPERTY LOCATION

Suffolk County Tax Map (SCTM) # 0200 / _____ / _____ / _____
District section block lot

Property Address _____

OWNER INFORMATION

Owner Name _____ Phone _____

Mailing Address _____

Email _____

***PROOF OF OWNERSHIP:** If the ownership has recently changed, provide Deed or Executed Sales Contract. If held in

Corporate Ownership please provide one of the following: The Articles of Organization or Corporation, Operating Agreement,

LLC Membership Certification designating the signee as a corporate officer)

AUTHORIZED AGENT INFORMATION

Authorized Agent Name _____ Expeditor Registration Number _____

Agent Address _____

Phone _____ Email _____

ALTERNATE CONTACT FOR EMERGENCIES

Owners who reside more than 25 miles outside the Town of Brookhaven must designate an alternate contact who will respond to Police, Fire, Emergency, or Town Inspections personnel when attempt to contact the owner/agent have failed, the owner is unavailable to respond in a timely manner, or the owner is unable to physically be present at the residence when required by the above noted entities. The designated alternate contact person must be located in the Town of Brookhaven or be located within 25 miles of the Town of Brookhaven.

Emergency Contact Name _____ Phone _____

Mailing Address _____

Email _____

NOTE: It shall be unlawful and a violation of Chapter 82 for any person or entity who owns a rental dwelling unit in the Town of Brookhaven to allow more than 4 persons per bedroom in said rental dwelling.

ANSWER THE QUESTIONS BELOW

What is the total usable floor area of all habitable rooms ? _____

Do not include cellar, kitchen or bathroom space. Do not include basement space unless, in addition to the other provisions of Chapter 82 (Town of Brookhaven Code) and the New York State Uniform Fire Prevention and Building Code: leakage, runoff and dampness requirements are met; minimum aggregate glass area of windows (above grade) is satisfied; and the basement space complies in all respects with the New York State Uniform Fire Prevention and Building Code. Please refer to Chapter 82-7, C. of the T.O.B. Code for ceiling height requirements.

Do you have or will you be adding, any additional bedrooms to the/any rental unit? _____

Any additions of bedrooms to a rental dwelling unit shall require Suffolk County Health Department approval unless an existing Certificate of Occupancy specifically covers such.

Does/Do the/all rental dwelling unit(s) have a dining area and recreation area in the dwelling structure? _____

Was the dwelling unit(s) built prior to 1937? _____

Is this dwelling unit a residential care facility established under the Federal, New York State or Suffolk County guidelines or is it utilized by occupants that are in an established care program? _____

Is the applicant a not-for-profit housing development corporation organized under the laws of the State of New York, and is providing housing for senior citizens or other designated special populations subject to income guidelines established by either federal or state regulation? _____

The owner and the alternate are required to maintain a current list of the dwelling occupants. Upon request by Town Inspectors, Police, Fire or other emergency personnel, the owner or Alternate is required to present the list of occupants.

Additionally, owners are required to list the names of tenants on all submitted rental applications. When there is /are no tenant(s) identified at the time of the rental application, an owner must submit an Updated Tenant list to the Town within 15 days of rental property occupancy by tenants. An updated list must be submitted within 15 days each time a new tenant is added or an existing tenant vacates the premises. The Town of Brookhaven reserves the right to submit information from the rental applications to the Internal Revenue Service and/or the New York State Department of Taxation and Finance.

DESIGNATE IF: TENANT INFORMATION ATTACHED TENANT INFORMATION TO BE SUBMITTED

TENANT INFORMATION

The following Persons are tenants residing at the property listed below for which this application is submitted

_____ Address _____

PRINT NAMES BELOW

1

2

3

4

5

6

7

TRANSACTIONAL DISCLOSURE SHORT FORM

This form is for a(an) Individual Corporation Partnership Association

Does any officer or employee of the Town of Brookhaven, member of an executive committee of a political party, grandchild or spouse of any of them, have an interest in this application by virtue of being the actual applicant, or his/her spouse, brother, being the owner of the actual property or having an interest in the corporation, partnership or association making such application? Yes No

If Yes, complete and submit the full Transactional Disclosure Form.

CERTIFICATION OF EXISTING STRUCTURES SHORT FORM

I, (Print Name) _____ declare that other than the above listed structures, _____
Print Owner/Agent Name

all other improvements on the subject premises exist with the benefit of a building permit and/or a certificate of occupancy/compliance. I understand that if during the review process it is determined that additional structures/alterations exist without the benefit of a building permit or certificate the review process will be delayed and that additional permits and certificates will be required by the Building Division. Yes No

If NO, complete and submit the full Certification of Structures Form.

SIGNATURE (Complete ONLY one of the following sections)

SECTION 1

If you are the owner and will **NOT** be using an agent sign this section

I declare under penalty of perjury that I am the property owner for the above address and I personally completed the above information and certify its accuracy.

Print Owner Name _____ Date _____

Owner Signature _____

SECTION 2

If you are the owner and **WILL BE USING AN AGENT** sign this section in the presence of a notary

Authorization: I, _____ authorize the below agent to act on my
Print OWNER Name

behalf in all matters concerning this application. Print AGENT Name _____

Owner Signature _____ Date _____

Notary Public

Notary Stamp

Sworn to me this _____ Day of _____ 20 _____

Notary Public _____

Commission Number _____ Expiration Date _____