



VILLAGE OF ISLANDIA
Department of Public Safety
Division of Code Enforcement
 1100 Old Nichols Road, Islandia NY 11749
 Phone (631) 348-1133, Fax (631) 348-7650



****Important-Please be advised that by submitting the within application to the Village of Islandia for the requested purpose, you, as the applicant, acknowledge and agree that a modification or addition may be made to your Certificate of Occupancy/Compliance. Read the back of this form for permit application requirements BEFORE you complete the application. If any section of the application is not complete, the application will be returned to you along with your payment.**

Tax Map No: 0504- _____ Rental Address: _____

Owner Name: _____ Telephone No: _____

Address: _____

Mailing Address: _____

Check One: Single Family Dwelling Multi-Family Dwelling Condo/Townhome

Tenants Name: _____ Telephone No: _____

****For Office Use Only****

Survey Received: Date _____ Floor Plan Received: Date _____ Fee Received: Date _____

Approved: By _____ Permit # _____ - _____ Expiration Date: _____

Inspection Date: _____ Pass Fail Inspector: _____

AFFIRMATIONS:

Are there any Property Covenants or Conditions of Special Permits which would affect the rental of this property? If yes please attach to this application.

I swear that this application is a true and complete statement.

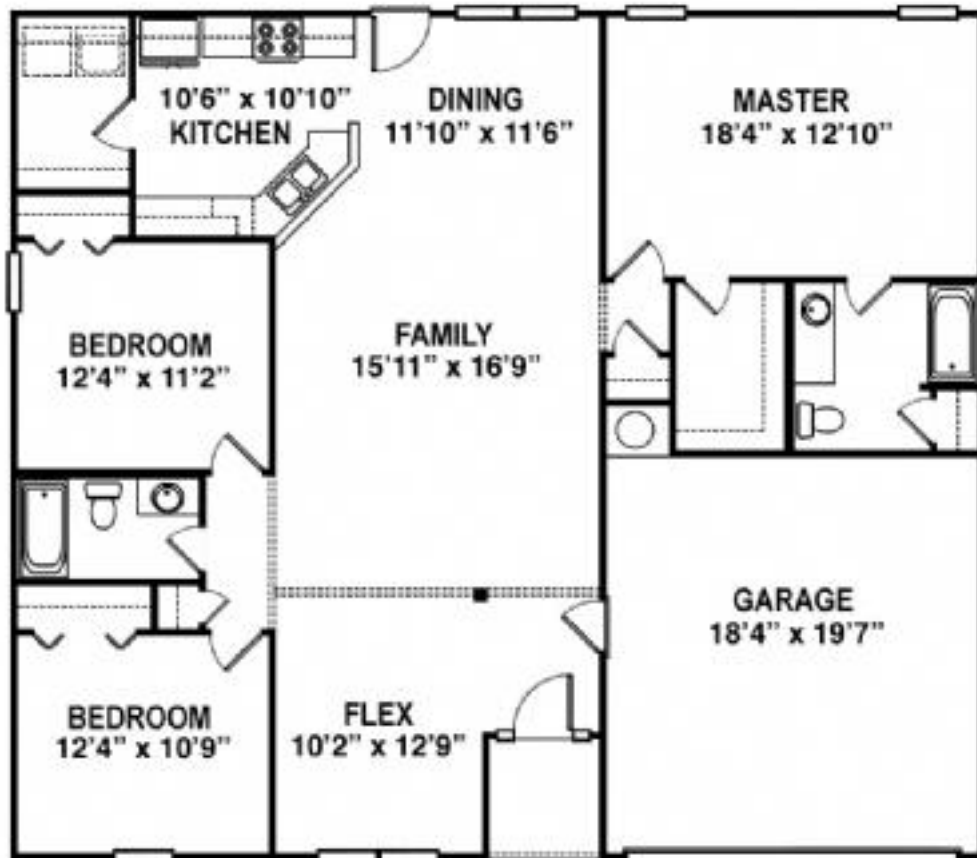
SIGNATURE OF APPLICANT _____

SWORN BEFORE ME THIS _____ DAY OF _____ 20 _____

NOTARY PUBLIC _____

Rental Permit Requirements:

- Application form completed, signed and notarized (Tax Map # can be found on your Tax Bill).
- Address (must be legal address) PO Box can be used as mailing address.
- Telephone No. Must be listed and this office will call to set up an appointment. (All inspections are done Monday through Friday, except holidays, 10:00AM TO 3:00 PM.)
- Floor plan showing layout of your rental dwelling -labeling all rooms. (Sample below)



Scan to view Village of Islandia Rental Law.

