



VILLAGE OF ISLANDIA
DEPARTMENT OF CODE ENFORCEMENT
1100 OLD NICHOLS ROAD, ISLANDIA, NEW YORK 11749
(631) 348-1133 FAX (631) 348-7650

RENTAL PROPERTY PERMIT APPLICATION

****Important –** By submitting this application to the VILLAGE OF ISLANDIA for property rental, as the applicant, you acknowledge and agree that a modification or addition may be made to your Certificate of Occupancy/Compliance relative to property rental. Application requirements and instructions are enclosed separately for review. If any section of this application is not complete, or if required documents are not included, this application and fee will be returned.

Tax Map #0504 _____

PROPERTY RENTAL ADDRESS: _____

OWNER NAME: _____ TELEPHONES: _____
Home Cell

OWNER MAILING ADDRESS: _____

OWNER EMAIL ADDRESS: _____ OTHER CONTACT INFORMATION: _____

CHECK ONE: _____ Single Family Dwelling _____ Condo/Townhouse _____ Multi-Family Dwelling

TENANT NAME: _____ TENANT TELEPHONE: _____

TENANT'S EMAIL ADDRESS: _____

AFFIRMATION:

I SWEAR THAT THIS APPLICATION IS A TRUE AND COMPLETE STATEMENT. THERE ARE NO PROPERTY COVENANTS OR CONDITIONS OR SPECIAL PERMITS THAT WOULD AFFECT THE RENTAL OF THIS PROPERTY. (ANY SPECIAL CONDITION MUST BE SUBMITTED WITH APPLICATION**)**

SIGNATURE OF APPLICANT _____

State of New York
County of _____

Sworn to before me this _____ day of _____ 20__

Notary Public

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

Inspection Date: _____ By: _____ Pass _____ Fail _____

PERMIT # _____ Approved By: _____

ISSUED: _____ EXPIRATION: _____