

Town of North Hempstead

Department of Building Safety, Inspection & Enforcement

210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662

www.northhempsteadny.gov

MULTIPLE RESIDENCE LICENSE APPLICATION/ RENEWAL

Issued pursuant to Chapters 8 and 28 of the Code of the Town of North Hempstead.

Owner/ Agent: _____

Address: _____

Multiple Residence Address: _____

Status: *First time applicant* _____ **OR** *License Renewal* _____

FEES:

The proper fee must be submitted with the Multiple Residence License Application. Fees for Multiple Residence Dwelling Units are as follows:

Three Units- \$550.00, Four Units- \$700.00, More than (4) Units- \$700.00, plus \$100.00 for each unit in excess of four (4).

*Applicants filing for a **Multiple Residence License (new application)** must provide the information outlined in items A-E. Applicants filing for a **Renewal** must provide this information when applicable and when updating of information is necessary.*

- A) A property survey of the premise drawn to scale not greater than forty (40) feet to one (1) inch.
- B) If not shown on the survey, a site plan, drawn to scale, showing all buildings, structures, walks, drives and other physical features of the premise and the number, location and access to existing and proposed onsite vehicle parking facilities.
- C) If new construction, alterations or improvements are being made, a properly prepared Building Permit.
- D) A copy of either the Certificate of Occupancy or Certificate of Existing Use (if none, a completed application for same). Also, any certificates of Completion or Certificates of Approval issued to the property.
- E) **In the case of a Condominium Unit, the application shall be accompanied by a scale drawing or floor plan of the unit, in lieu of a survey or site plan.**

The following information is required of all applicants:

Property Classification: Individually owned _____ Partnership _____ Member owned _____

Corporation _____ If corporation, provide date and place organized. _____ / _____

PROPERTY OWNER INFORMATION (use additional sheets if necessary):

- If individual owner/ operator, list name, address, phone and e-mail address.
- If partnership, list names, addresses & percent of interest of all partners.
- If a corporation, list names and addresses of all officers/ directors and their percent of interest in said corporation.
- List stockholders with more than 5% interest in corporation.
- List managing agent, if any.

<i>Name(s)</i>	<i>Address</i>	<i>Phone#(s)/ E-mail</i>
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____

Managing Agent (if any)

_____ / _____ / _____

Is the applicant licensed by or under contract to the federal, state or local government or any department thereof to operate a facility which also qualifies under this chapter as a multiple residence? Y _____ N _____ **If yes, a copy of said license or contract must be provided.**

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Building Information :

Premises- Section: _____ Block: _____ Lot(s): _____

Street Address _____

Premise(s) Description: Total # of buildings _____ Total # of units _____ Total # of occupants _____

Provide building numbers and apartment numbers (ex. **Bldg 1**- 1st floor- apts.1A- 1J, 2nd floor- 2A- 2J etc.)

Number of Stories (*if different for each building, list separately*) _____

Type of construction _____

Type of Heating System _____

Unit Information:

Provide information on the various apartment types in each building. List the type (*ex. studio, one bedroom, two bedroom, etc.*), and provide the dimensions of the listed rooms. If there is more than one layout for a particular apartment type, list each one separately.

1) Apartment type _____

2) Apartment type _____

Living Room _____ Bedroom 1 _____ Living Room _____ Bedroom 1 _____

Dining Room _____ Bedroom 2 _____ Dining Room _____ Bedroom 2 _____

Kitchen _____ Bedroom 3 _____ Kitchen _____ Bedroom 3 _____

3) Apartment type _____

4) Apartment type _____

Living Room _____ Bedroom 1 _____ Living Room _____ Bedroom 1 _____

Dining Room _____ Bedroom 2 _____ Dining Room _____ Bedroom 2 _____

Kitchen _____ Bedroom 3 _____ Kitchen _____ Bedroom 3 _____

The provided information is truthful and accurate to the best of my knowledge. I understand that false statements made herein may result in a criminal penalty and/or revocation of any issued Multiple Residence License. I agree to comply with current requirements of the Building Department of the Town of North Hempstead, any requirements promulgated in the future and will allow inspections of the listed property as necessary to insure compliance. In the event the property is no longer to be used as a Rental Property or if any of the above information changes, I will immediately notify this office and provide any necessary verification.

I understand this application does not become a Multiple Residence License until approved by a Multiple Residence Inspector and the Commissioner of Buildings. Failure to abide by the listed regulations may result in the revocation of any approved license. I also understand a Multiple Residence License is valid for two years from the date of issuance and I am responsible for renewal of same.

Sworn to before me this _____ Day of _____ 20 _____

Signature of Owner or Agent

Notary Public

For office use only

Date application filed _____ Application Fee: \$ _____

Based on the statements in this application, inspection reports, office reports and other relevant information, it is recommended that a Multiple Residence License be:

Approved _____ Denied _____ Date _____

License # _____ License Expiration _____

Inspected by _____ Date (s) Inspected _____

Multiple Residence Inspector

Building Commissioner

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Minimum Requirements for a Successful Multiple Residence Inspection

**The items listed below must be addressed prior to receiving a Multiple Residence Inspection. While not meant to be all encompassing, compliance with these items is mandatory and increases the likelihood of a successful Multiple Residence Inspection.*

Smoke Alarms

Smoke alarms shall be installed in each sleeping room (*bedroom*).

Smoke alarms shall be installed in common areas in the immediate vicinity of bedroom(s) (*hallways etc*).

Smoke alarms shall be installed on each additional story of the dwelling including basements (*not uninhabitable attics or crawlspaces*).

Smoke Alarms shall be installed in common hallways.

Carbon Monoxide Alarms

Carbon monoxide alarms shall be installed within each dwelling on any story having a sleeping area.

Carbon monoxide alarms shall be installed on any story where a carbon monoxide source is located (*ex. fuel fired appliances, solid fuel burning appliances [oil burners, gas burners etc.], fireplaces or attached garages*).

****Smoke and Carbon monoxide alarms must be in working order at all times. Combination Smoke/ Carbon monoxide alarms may be utilized.*

Kitchen/ Bathroom(s)

Hot and cold water must be provided.

Sink(s), Toilet(s), Tub(s)/Shower(s) must be in proper working order. Flooring and Tub(s)/ Shower(s) must be sound to prevent water penetration.

Bathroom(s) shall have a working exhaust fan or operable window.

Miscellaneous

Electrical wiring must be properly installed and maintained.

Electrical outlets must be in proper working order with covers.

Plumbing systems/ fixtures must be in working order.

Window(s) are required in habitable rooms (*bedrooms, kitchen, living room, den etc.*).

Windows must be operable.

Handrails are required for steps (*both interior and exterior*).

All rooms must have appropriate floor covering.

All rooms must have appropriate ceiling/ wall covering and lighting fixtures.

Heating equipment must be in working order.

No storage/ combustible materials are permitted in the area of heating equipment.

5/8 sheetrock spackled and taped required above heating system.

Homes must be free from infestation.

Homes must be maintained in a clean, safe and habitable condition.

Emergency Lighting in proper working order (*when so equipped*).

Fire Alarm Certification (*when so equipped*).

Fire Sprinkler Certification (*when so equipped*).

Elevator Inspection Certification (*when so equipped*).

Owner/ Managing Agent contact information conspicuously posted in a common area such as a lobby (*applies primarily to apt. complexes and apt. buildings*).

**Key locks are prohibited on bedroom doors.*