



**TOWN OF NORTH HEMPSTEAD**  
**Department of Building, Safety Inspection and Enforcement**  
210 Plandome Road, P.O. Box 3000, Manhasset, NY 11030  
Phone: 516-869-2464/ Fax: 516-869-7675

**RENTAL OCCUPANCY PERMIT APPLICATION/ RENEWAL**

For an individual Rental Dwelling Unit.  
Issued pursuant to Chapters 2 and 28 of the Code of the Town of North Hempstead.

**Owner/ Agent:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Rental Property Address:** \_\_\_\_\_

**Status:** *First time applicant* \_\_\_\_\_ **OR** *Permit Renewal* \_\_\_\_\_

**FEES:**

The proper fee must be submitted with the Rental Occupancy Permit Application. Fees for Rental Dwelling Units per structure are as follows:

One Unit- \$150.00, Two Units- \$300.00

An applicant over sixty-two (62) years of age, renting only one apartment in a house which is their primary residence, shall submit a single fee of \$ 75.00. Proof of age must be submitted with the application.

*Applicants filing for a **Rental Occupancy Permit (new application)** must provide the information outlined in items A-D. 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.

**The following information is required of all applicants: (*Owners and Agents must provide the address where they reside*).**

Owner Name \_\_\_\_\_ Telephone (    ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Managing Agent (if any) \_\_\_\_\_ Telephone (    ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

**Building Information :** (*Provide ages and dates of birth of tenants when unit(s) are occupied*).

Premises- Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Street Address \_\_\_\_\_

Premise Description: Single Family \_\_\_\_\_ Two Family \_\_\_\_\_

Type of Construction \_\_\_\_\_

Number of Stories \_\_\_\_\_

Type of Heating System \_\_\_\_\_

Number of Rental Units- Occupied \_\_\_\_\_ Vacant \_\_\_\_\_ Total Units \_\_\_\_\_

Number of occupants currently occupying each rental unit. Unit 1 \_\_\_\_\_ Unit 2 \_\_\_\_\_

Occupants ages and dates of birth (*Must be Provided*) Unit 1 \_\_\_\_\_ Unit 2 \_\_\_\_\_

**Unit Information:**

Provide dimensions of each room: \* (*Do Not include cellar or attic when counting floors or rooms*).

Unit # _____ Floor # _____	Unit # _____ Floor # _____
1) Living Room _____ Bedroom 1 _____	2) Living Room _____ Bedroom 1 _____
Dining Room _____ Bedroom 2 _____	Dining Room _____ Bedroom 2 _____
Kitchen _____ Bedroom 3 _____	Kitchen _____ Bedroom 3 _____

Other/ Notes \_\_\_\_\_

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 Rental Permit. 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 will no longer to be used as a Rental Unit 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 permit until approved by a Rental Registration Inspector and the Commissioner of Buildings. Failure to abide by the listed regulations may result in the revocation of any approved Rental Permit. I also understand a Rental Occupancy Permit is valid for two years from the date of application and I am responsible for renewal of same.**

Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Notary Public

**For office use only**

**Application Fee:** \$ \_\_\_\_\_ **Date application filed** \_\_\_\_\_

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

**Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_ **Date** \_\_\_\_\_ **Maximum Occupancy** \_\_\_\_\_

**Permit #** \_\_\_\_\_ **Permit Expiration** \_\_\_\_\_

**Inspected by** \_\_\_\_\_ **Date (s) Inspected** \_\_\_\_\_

\_\_\_\_\_  
Rental Registration Inspector

\_\_\_\_\_  
Building Commissioner

## **Minimum Requirements for a Successful Rental Inspection**

*\*The items listed below must be addressed prior to receiving a Rental Inspection. While not meant to be all encompassing, compliance with these items is mandatory and increases the likelihood of a successful Rental 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 (*within 15 feet of the 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.

Home must be free from infestation.

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

**\*Key locks are prohibited on bedroom doors.**