



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

RENTAL REGISTRATION CANNOT BE OBTAINED FOR USE AS A ROOMING HOUSE OR TRANSIENT RESIDENTIAL OCCUPANCY
(*Short term rental occupancies of 30 nights or less)

ONE-FAMILY DWELLING FEE	MULTI-UNIT APARTMENT COMPLEX FEE
<input type="checkbox"/> 1 - 5 Bedrooms = \$500	<input type="checkbox"/> 4 to 50 units \$1500
<input type="checkbox"/> \$500 for each additional Bedroom in excess of 5	<input type="checkbox"/> 51 to 100 units \$2000
	<input type="checkbox"/> 101 to 200 units \$3000
	<input type="checkbox"/> Over 200 units \$5000

<input checked="" type="checkbox"/>	APPLICATION PAGES
<input checked="" type="checkbox"/>	AFFIDAVITS (4) RENTAL, ROOMING, RESIDENTIAL, TRANSIENT. Must be Signed and Notarized
<input checked="" type="checkbox"/>	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)
<input checked="" type="checkbox"/>	SURVEY (2) (If rental is a Townhouse or Condominium, provide a deed) - drawn to scale, showing all buildings, structures, walks, driveways and other physical features of the premises 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.
<input checked="" type="checkbox"/>	PLANS - 3 copies of the floor plans of each rental unit. Plans are to be drawn with a straight edge, in scale, include all floor levels and basement, dimensions and uses of all rooms, hallways, foyers, doors, and other spaces. Note window type and sizes for sleeping rooms. Include location of smoke detectors and carbon monoxide alarms.
	DEED - Copy of RECORDED DEED (if property has been owned for less than a year)
	PROOF OF CORPORATION, LLC, TRUST (if applicable) All of the following are required: Articles of Organization, Operating Agreement, and LLC Membership Certificate
<input checked="" type="checkbox"/>	FEE - non-refundable permit application fee payable upon filing an application in accordance with the above schedule. Check / money order to Town of Brookhaven

A Temporary Rental Registration will be issued after the Rental Application is Reviewed and Processed

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 - _____
Number, Street, City, Zip

OWNER INFORMATION

Owner Name _____
Mailing Address _____
Email _____ Phone _____

AGENT INFORMATION

Authorized Agent Name _____
Agent Address _____
Phone _____ Email _____

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 _____

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.

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 be 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 (list tenants residing at the property listed below)

PROPERTY ADDRESS _____

PRINT NAMES BELOW

1	5
2	6
3	7
4	8

ROOMING HOUSE RENTAL DISCLOSURE SHORT FORM

Do you intend to operate a rooming house by offering rent any individual room(s) or any separate portion(s) of the dwelling that is the subject of this rental registration? **YES** **NO**

If Yes, **STOP**, a rental registration cannot be issued for a rooming house, only for the rental of the house as a whole.

If No, complete and submit the full Rooming House Affidavit.

TRANSIENT RESIDENTIAL OCCUPANCY DISCLOSURE SHORT FORM

Do you intend to offer the dwelling that is the subject of this rental registration for rent for a period of less than 30 nights, a use constitute a transient residential occupancy.? **YES** **NO**

If Yes, **STOP**, a rental registration cannot be issued for a transient residential occupancy.

If No, complete and submit the full Transient Residential Occupancy Affidavit.

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.

IF YOU ARE USING AN AGENT for this application complete this section

Authorization: I, _____ authorize the agent listed below to act on my behalf in all matters concerning this application.
Owner Name

Authorized Agent Name _____

Owner Signature _____

NOTARY

Sworn to me this _____ Day of _____ 20 _____

Notary Public _____

STAMP

IF NO AGENT is being used complete 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 _____

RENTAL LICENSE AFFIDAVIT

STATE OF NEW YORK

COUNTY OF SUFFOLK

I _____ being duly sworn, deposes and says
Owner's Name

that I reside at _____
Street Address

in the Town of _____, in the County of _____

and the State of _____, and that I am the owner of the premises described in the foregoing petition and that I have read the foregoing application and know the contents thereof; that the same is true to my knowledge; and that I make the foregoing petition for a permit for Temporary Rental Registration and further that I will comply with all New York State Building Code Requirements and Town of Brookhaven Requirements pertaining to Rental Registration and will meet these standards within 90 Days of the granting of the Temporary Rental Registration or the permit will become null and void. I further state that I have received a copy of and fully understand the Brookhaven Town Code concerning the restrictions on the number of unrelated persons occupying said residence.

Signature _____

Signature _____

<u>Notary Public</u>	<u>Notary Stamp</u>
Sworn to me this _____ Day of _____ 20 _____	
Notary Public _____	
Commission Number _____ Expiration Date _____	

ROOMING HOUSE AFFIDAVIT

STATE OF NEW YORK
COUNTY OF SUFFOLK

I _____ being duly sworn, deposes and says
Owner's Name

that I reside at _____
Street Address

in the Town of _____, in the County of _____

and the State of _____, and that I am the owner of the premises described

in the foregoing petition and that I have read the foregoing application and know the contents thereof; that

I affirmatively acknowledge that a Rental Registration or Provisional House Rental License (PHRL) issued by the Town does not authorize use of the subject dwelling unit as a rooming house which is a non permitted use, prohibited pursuant to the Brookhaven Town Code. I further acknowledge, that a Rental Registration or Provisional House Rental License (PHRL) may be revoked as a result of a rooming house use by renting individual rooms or any individual portion separated from the rest of the dwelling unit.

Signature _____

Signature _____

<u>Notary Public</u>	<u>Notary Stamp</u>
Sworn to me this _____ Day of _____ 20 _____	
Notary Public _____	
Commission Number _____ Expiration Date _____	

TRANSIENT RESIDENTIAL OCCUPANCY AFFIDAVIT

STATE OF NEW YORK
COUNTY OF SUFFOLK

I _____ being duly sworn, deposes and says
Owner's Name

that I reside at _____
Street Address

in the Town of _____, in the County of _____

and the State of _____, and that I am the owner of the premises described in the foregoing petition and that I have read the foregoing application and know the contents thereof; that I affirmatively acknowledge that a Rental Registration or Provisional House Rental License (PHRL) issued by the Town does not authorize use of the subject dwelling unit as a non-permanent, Short term rental or transient residential occupancy, which is a use prohibited by the Brookhaven Town Code. I further acknowledge, that a Rental Registration or Provisional House Rental License (PHRL) may be revoked as a result of any non-permanent, transient residential occupancy or short term rental of the dwelling unit, or if the dwelling unit is offered for rent for a period of less than 28 nights in an advertisement or solicitation listed, placed, posted or submitted for inclusion on any website, including but not limited to Airbnb, HomeAway, VRBO, or in any form of mass media, or in any printed materials; or offered for lease through any medium for a period of less than 30 nights.

Signature _____

Signature _____

<u>Notary Public</u>	<u>Notary Stamp</u>
Sworn to me this _____ Day of _____ 20 _____	
Notary Public _____	
Commission Number _____ Expiration Date _____	

RESIDENTIAL DWELLING OWNERSHIP AFFIDAVIT

STATE OF NEW YORK
COUNTY OF SUFFOLK

I _____ being duly sworn, deposes and says
Owner's Name

that I reside at _____
Street Address

in the Town of _____, in the County of _____

and the State of _____, and that I am the owner of the premises described
in the foregoing petition and that I additionally own the following dwellings located within the Town of Brookhaven:

1 _____

2 _____

3 _____

4 _____

5 _____

Signature _____

Signature _____

<p style="text-align: center;"><u>Notary Public</u></p> <p>Sworn to me this _____ Day of _____ 20 _____</p> <p>Notary Public _____</p> <p>Commission Number _____ Expiration Date _____</p>	<p style="text-align: center;"><u>Notary Stamp</u></p>
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