

# Village of Monticello

2 Pleasant Street, Monticello, NY 12701  
(845) 794-6130 (x301/302), FAX (845) 794-2327

## Application for Monticello Rental Permit

Every owner of a rental property shall file with the Building Department of the Village of Monticello the following information:

Street Address of Rental Property: \_\_\_\_\_

Tax Map Designation Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ (Found on Tax Bill or Deed)

Owner's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone Number: Day \_\_\_\_\_ Night \_\_\_\_\_

Total Number of Buildings: \_\_\_\_\_ Number of Rental Units: \_\_\_\_\_

If owner does not reside in the Village of Monticello, list name of Management Agency and responsible person who does reside in the Village of Monticello:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

The filing of this statement does not confer any rights to rent or use apartments that were not constructed in accordance with the Code of the Village of Monticello, the Building Code of New York State, the Monticello Rental Law or any other applicable ordinances or laws and for which a Certificate of Occupancy has not been issued.

I affirm under penalty of perjury that I am the owner of the above reference building or I am a duly authorized representative of the owner and that the information provided is true to the best of my knowledge and belief. I affirm I have the authority of the corporation to accept any legal service or notice on behalf of the corporation. If the village established that it mailed notice to me at this address, then I waive any defense based on failure to serve. If am no longer the person to be served then notice by certified mail as to the name and address and phone number of the person replacing me must be sent to the Village of Monticello, attention Building Department, 2 Pleasant Street Monticello, NY 12701, and the same provisions for service or notice shall continue.

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

State of \_\_\_\_\_ )ss.: County of ( \_\_\_\_\_ )

On the \_\_\_\_\_ day in the month of \_\_\_\_\_ in the year of \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/their signature (s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

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

Place Stamp Here:

Office Use Only:

APPLICATION FEE: One, Two or Three

Family

# of Bldgs: \_\_\_\_\_ x \$125.00 = \$ \_\_\_\_\_

# of Apts: \_\_\_\_\_ x \$20.00 = \$ \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

APPLICATION FEE: All Others

# of Bldgs: \_\_\_\_\_ x \$225.00 = \$ \_\_\_\_\_

# of Apts: \_\_\_\_\_ x \$50.00 = \$ \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_