

VILLAGE OF BROCKPORT 2021-2022 RESIDENTIAL RENTAL REGISTRATION APPLICATION

<p>DUE: September 15, 2021 Pay <i>before</i> September 1st : \$100 per building Pay <i>after</i> September 15th : \$200 per building</p>	<p>FEE: \$125 per building/ per year <i>per Brockport Village Code Ch. 36-4F</i> Cash/Checks: payable to Village of Brockport.</p>
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► Property Owners are responsible to submit registration. Registration applications are **not** transferable. Residential Rental Registration Application changes must be submitted by the owner within 90 days of such change. Per local law Chapter 36-27 F.

Office Stamp

RENTAL PROPERTY ADDRESS: _____

- CLASSIFICATION:** Single Family (210) 2-Family (220) 3-Family (230)
- Combo–stores/offices/apts (ex: 483, 481, 415, 465)
- Apartments (411) Rooming House (418) Other _____

COMPLETE FOR EACH DWELLING UNIT: (each apartment is one dwelling unit; a rooming house is one dwelling unit):
 Village of Brockport Zoning Code 58-2 defines *family* as: A. Includes (1) One, two or three persons occupying a dwelling unit; or (2) Four or more persons occupying a dwelling unit and living together as a traditional family or the functional equivalent of a traditional family. B. It shall be presumptive evidence that four or more persons living in a single dwelling unit who are not related by blood, marriage or legal adoption does not constitute the functional equivalent of a traditional family.

Dwelling Unit Name (i.e. "A", "24", "Upper Front")	Number of Sleeping Spaces/Bedrooms <i>Sleeping space: A room or part of a room that can be used...on an occasional or permanent basis, for sleeping. (Ch 36-1 C):</i>	Total Number of Tenants Occupying this Unit	Are tenants of this unit family members with each other?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

	LEGAL OWNER #1:	LEGAL OWNER #2:	Local Property Manager/Agent: <i>(Required if owner is a corporation or resides more than 50 miles from the Village boundaries.)</i>
Name: <small>(Contact Name if owner is LLC)</small>			
Must include physical address with PO Box:			
City/State/Zip			
Phone Number:			
E-Mail:	[]cell []home []work	[]cell []home []work	[]cell []home []work

(For additional Owners or Dwelling Units, please indicate above information on separate sheet.)

APPLICANT / OWNER CERTIFICATION OF STATEMENTS:

The applicant(s) hereby affirm(s) under penalty of law that the above information is accurate and complete, to the best of his/her knowledge and he/she/they is/are the title owner(s) of the property or has/have been authorized by the title owner(s) to make this application.

Applicant/owner signature: _____ Date: _____