



**DEPARTMENT OF BUILDING
OF THE VILLAGE OF FREEPORT
RENTAL PERMIT**

DATE: _____

PERMIT#: _____

FEE: _____

RENEWAL PERIOD: _____

RENTAL PROPERTY:

ADDRESS: _____

ONE FAMILY TWO FAMILY MULTIPLE DWELLING

OWNER OF PROPERTY:

NAME: _____

ADDRESS: _____

PHONE#: _____ EMAIL ADDRESS: _____

AUTHORIZED FREEPORT AGENT: (IF OWNER DOES NOT RESIDE IN FREEPORT)

NAME: _____

ADDRESS: _____

PHONE#: _____ EMAIL ADDRESS: _____

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DESCRIPTION OF RENTAL PROPERTY

DWELLING UNIT	NUMBER OF ROOMS	USE AND SIZE OF ROOM
EXAMPLE: APT #1	4	KITCHEN 9X12, LIVING ROOM 12X15, BEDROOM #1 9X10, & BEDROOM #2 11X15

DWELLING UNIT	TENANT'S NAME	NUMBER IN FAMILY	DATE OF OCCUPANCY

STATE OF NEW YORK
COUNTY OF NASSAU SS:

SWORN TO BEFORE ME THIS
_____ DAY OF _____, 20____

NOTARY PUBLIC

SIGNATURE OF OWNER/AUTHORIZED AGENT

**DEPARTMENT OF BUILDINGS
OF THE VILLAGE OF FREEPORT, NY
FEE NON-REFUNDABLE (RENTAL PERMT)**

PERMIT#: _____

FILING DATE: _____

THE FEE PAID HEREIN SHALL BE NON-REFUNDABLE. SAID COST WILL BE FOR THE PROCESSING OF THE RENTAL APPLICATION WHETHER APPROVED OR NOT.

APPLICANT'S SIGNATURE

RENTAL PERMIT FEES:

- | | |
|---|------------------|
| <input type="checkbox"/> ONE RENTAL UNIT | \$150.00 |
| <input type="checkbox"/> BLDG WITH TWO RENTAL UNITS | \$225.00 |
| <input type="checkbox"/> THREE UNITS | \$262.00 |
| <input type="checkbox"/> FOUR UNITS | \$287.00 |
| <input type="checkbox"/> EACH ADDITIONAL UNIT OVER FOUR | \$20.00 PER UNIT |

****YOUR CHECK OR MONEY ORDER WITH THE APPROPRIATE FEE MUST BE SUBMITTED WITH THE APPLICATION, ALONG WITH A DRAFTSMAN QUALITY FLOOR PLAN SHOWING THE SIZES AND LOCATIONS OF ALL ROOMS, HALLWAYS ON ALL FLOORS, INCLUDING BASEMENTS AND ATTICS IF POSSIBLE.****