

Incorporated Village of Mastic Beach

369 Neighborhood Rd., Mastic Beach, NY 11951

RENTAL REGISTRATION PERMIT REQUIREMENT

**ALL FORMS MUST INCLUDE OWNER OR AGENT'S PHYSICAL ADDRESS
NO P.O. BOX NUMBERS WILL BE ACCEPTED.**

1. **BUILDING PERMIT APPLICATION** – completed and signed by OWNER, MANAGING AGENT, or DWELLING OPERATOR. FORM NOT AVAILABLE ON LINE
2. **RENTAL REGISTRATION FORM** – completed and signed by one of those listed in #1 above. The form must be notarized.
3. **DISCLOSURE AFFIDAVIT** – completed and signed by one of those listed above.
4. **CERTIFICATION OF STRUCTURES FORM**
5. **RESIDENTIAL SMOKE DETECTOR & CARBON MONOXIDE AFFIDAVIT** – completed and signed by one of those listed in #1 above. The form must be notarized.
6. **FEES**- a non-refundable annual permit application fee of \$350.00 per unit, is payable upon filing an application.

<u>MULTI-UNIT APARTMENT COMPLEXES</u>	<u>FEE</u>
4 to 50 Units	\$1,000
51 to 100 Units	\$1,500
101 to 200 Units	\$2,500
Over 200 Units	\$5,000
7. **TWO (2) COPIES OF A SURVEY OF THE PREMISES** – drawn to scale not greater than forty (40) feet to one inch, or, if not shown on the survey, a site plan, drawn to scale, showing all buildings, structures, walks, drives and other physical features of the premises and the number, location and access of existing and proposed on-site vehicle parking facilities. Surveys must be complete and legible, include the surveyor's seal, survey date/or revision date and the distance from the nearest tie street. **Condominiums** without surveys require a certified copy of the deed. Survey to be full size, not reduced or altered.
8. **THREE (3) COPIES OF THE FLOOR PLAN OF EACH RENTAL DWELLING UNIT**
Plans are to be: drawn with a straight edge in scale, neat, accurate and include: dimensions and uses of all rooms, hallways, foyers, porches and other spaces; window type and sizes for sleeping rooms; door dimensions and smoke detectors. Must be legible, no photo copies.
9. **ONE (1) COPY OF BROOKHAVEN TOWN TAX BILL** – Must be the most current, or tax printout from the Receiver of Taxes, and STAR Exemption must be removed.
10. **ONE (1) PHOTOCOPY OF ALL CERTIFICATES OF:**

OCCUPANCY (CO)	EXISTING USE (CEU)
COMPLIANCE (CC)	ZONING COMPLIANCE (CZC)

Required for ALL existing structures.
11. **COPY OF CURRENT HOME OWNER'S INSURANCE**

Department of Building and Fire Prevention

(631) 772-4368 Phone

(631) 772-2432 Fax

Incorporated Village of Mastic Beach

APPLICATION FOR BUILDING AND ZONING PERMIT

Each application must be typewritten or printed and have all information answered. Incomplete or illegible applications will not be accepted. APPLICATION is hereby made for a permit to do the following work, which will be done in accordance with the description, survey and plans submitted pursuant to Section 57 of the Worker's Compensation Law, Zoning Ordinances, Building Code and all other applicable ordinances and laws.

Article 15 of the Executive Law of the State of New York, Section 296-5 (A) (1) prohibits discrimination in the sale, rental or lease of housing accommodations because of race, creed, color or national origin.

ZBA # _____

Applicant _____ No. & St. _____

Village or City _____ State _____ Zip _____ Phone _____

Architect or Engineer _____ No. & St. _____

Village or City _____ State _____ Zip _____ Phone _____

Contractor or Builder _____ No. & St. _____

Village or City _____ State _____ Zip _____ Phone _____

Property located at No. _____ N.S.E.W. side _____ Distance _____

N.S.E.W. of _____ Village _____ State of New York.

Map _____ Section _____ Block _____ Lot/s _____

Owner of record on tax rolls _____ Owner Address _____

County Tax Map Section _____ Block _____ Lot _____

Use and size of proposed work _____

This application must be signed in two places below, by the owner and the applicant, even when they are the same.

I hereby certify that I am the owner of the property that is the subject of this application and acknowledge that the described work is intended to take place on said property. By signing this application, I acknowledge that there may be restrictive covenants or agreements held by private and/or public entities and do agree to fully comply with all requirements of said covenants and/or agreements. Any false statement made herein is punishable as a misdemeanor pursuant to § 201.45 of New York Penal Law.

Date: _____ Print Name: _____ Signature: _____

OWNER

I hereby certify that I have examined this complete application and the statements therein are true and correct, and that all work shall be done in accordance with all applicable Town, County, State and Federal Laws. By signing this application, I acknowledge that there may be restrictive covenants or agreements held by private and/or public entities and do agree to fully comply with all requirements of said covenants and/or agreements. Any false statement made herein is punishable as a misdemeanor pursuant to § 201.45 of New York Penal Law.

Date: _____ Print Name: _____ Signature: _____

This application must be signed in two places above, by the owner and the applicant, even if they are the same.

FOR BUILDING USE ONLY:

Proposed use _____ Permit #: _____ Issued: _____
 Zoning District _____ Receipt #: _____ Issued: _____
 Property Area _____ 1st floor area: _____ sq. ft. _____ = _____
 Property Width _____ 2nd floor area: _____ sq. ft. _____ = _____
 Front Yard Setback _____ Accessory area: _____ sq. ft. _____ = _____
 Rear Yard Setback _____
 Side Yard Setback _____ Permit Fee: _____ Estimated Value: _____
 Side Yard Setback _____ Add. Fee: _____
 S.C.H.D. _____ Plmg. Fee: _____
 Survey _____ TOTAL: _____ C/A _____
 Plans _____ Permit approved date _____ Per: _____
 Other _____

Permit Denied (expires in 60 days) date _____ Per: _____

Remarks: _____

CO #: _____ Issued: _____ Approved for issuance of certificate Per: _____
 CC #: _____ Issued: _____

- Remarks: _____
- | | | |
|--|--|---|
| <input type="checkbox"/> 1. Bldg. Insp. Approved | <input type="checkbox"/> 7. Planning Board approved | <input type="checkbox"/> 13. Disclosure approved |
| <input type="checkbox"/> 2. Plumbing Insp. approved | <input type="checkbox"/> 8. Highway Dept. approved | <input type="checkbox"/> 14. Smoke approved |
| <input type="checkbox"/> 3. Final Survey approved | <input type="checkbox"/> 9. Assessment Cert. approved | <input type="checkbox"/> 15. Energy STAR approved |
| <input type="checkbox"/> 4. Electric Cert. approved | <input type="checkbox"/> 10. Lead Test approved | <input type="checkbox"/> 16. Pictures approved |
| <input type="checkbox"/> 5. S.C.H.D. approved | <input type="checkbox"/> 11. Debris Affidavit approved | <input type="checkbox"/> 17. Other _____ |
| <input type="checkbox"/> 6. Fire Prevention approved | <input type="checkbox"/> 12. Steel Affidavit approved | |

Building Permit # _____



INSPECTION CRITERIA:

THE ITEMS SET FORTH BELOW ARE NOT A COMPLETE LIST OF ALL OF THE REQUIREMENTS REQUIRED BY THE CODE OF THE VILLAGE OF MASTIC BEACH, THE LAWS AND SANITARY AND HOUSING REGULATIONS OF THE COUNTY OF SUFFOLK AND THE LAWS OF THE STATE OF NEW YORK, BUT SUCH ARE SET FORTH AS A GUIDE IN ORDER TO ASSIST THE APPLICANT AS TO WHAT ITEMS NEED TO BE COMPLIED WITH BEFORE A RENTAL OCCUPANCY PERMIT IS ISSUED.

EXTERIOR

1. Address numbers. As per Village of Mastic Beach code 380-4, the numerals used to display the street address number of the dwelling unit shall be painted on a plaque or on the front of the dwelling unit or made of metal or other durable material. The numbers shall be at least four inches in height. All street numbers shall be displayed so as to be easily seen from the street by both pedestrians and drivers of vehicles.
2. Driveway must be free from physical hazards and in good repair.
3. Roof drains, gutters and downspouts must be maintained in good repair and free from obstructions.
4. Roof coverings (shingles) must not exceed two layers.
5. Roof coverings must be in good repair with no dry rot or deterioration on shingles.
6. Exterior surfaces must be free of chipping, peeling or flaking paint.
7. Exterior surfaces of metal must be free of rust.
8. Exterior walls must be free from holes, breaks, cracks or loose and missing siding or shingles.
9. Screening must be in good repair and properly fit within the window or doorframe provided.
10. Overhang extensions, including canopies and porches, must be in good repair and properly anchored.
11. Handrails and guards must be present on any stairway with 4 or more stair risers.
12. Handrails and guards must be firmly fastened and free from deterioration.
13. Guards required on any deck or porch 30 inches over grade.
14. Stairways, porches and balconies must be structurally sound with proper anchorage, free from deterioration.
15. Window frames must be free from deterioration and in sound condition.
16. Doorframes must be free from deterioration and in sound condition.
17. Window panes and glass must be free from cracks or holes.
18. Property must be free of any unregistered vehicles unless appropriately screened.
19. Property areas must be free from all litter.
20. Property must be free of any physical hazards.
21. Property must be free of any weeds or grass in excess of 10 inches in height.

22. Cesspool must be capable of disposing waste without a health hazard or overflow.
23. All accessory structures must be structurally sound, in good repair and free from deterioration.
24. Chimney must be structurally sound and in good repair with no cracks or holes.
25. Vents and flues must be properly anchored, installed and in good repair with no cracks or holes.
26. Foundation must be free from cracks, holes or deficiencies that cause un-plumb walls or unsafe settlement.
27. Proper storm windows and doors with screens shall be installed and functioning.

INTERIOR

1. ALL interior surfaces must be clean and sanitary.
2. ALL interior surfaces must be free from peeling paint, corrosion, rust, cracks and holes.
3. **LIVING ROOMS, DINING ROOMS, KITCHENS, BASEMENTS, PORCHES AND LAUNDRY ROOMS shall NOT be utilized as bedrooms unless the Village of Mastic Beach Building Department has issued a Certificate of Compliance for such occupancy. (The Code Official will determine the maximum occupancy of your dwelling unit based on the floor plan submitted and a calculation of square footage of bedrooms and habitable spaces, pursuant to New York State Property Maintenance Code).**
4. Exit doors must be free and clear of all obstructions.
5. Extension cords are prohibited for use as permanent wiring. (Surge protector strips are ok if supplying electronic devices only)
6. ALL windows, which are designed to OPEN, must “freely open” (without force) and be capable of staying in place at any given point.
7. ALL door hardware must be present and operational, including self-closing pistons on storm doors.
8. Adequate water pressure must be provided to all sinks, showers and bathtubs.
9. Hot and cold water must be functional at all fixtures.
10. Bathroom(s) must have either one window that opens or a functional mechanical vent, or both.
11. ALL walking surfaces must be in good repair with no defects.
12. Bathroom floors must be non-absorbent to water and moisture.
13. Bathtub and/or shower stalls must be free from leaks, cracks or holes.
14. All GFCI outlets in the bathroom(s) and kitchen(s) must be functioning properly.
15. ALL light fixtures must be appropriately covered and functional at time of inspection.
16. Artificial lighting is necessary in all stairways, exit doors and basements.
17. Hallways, porches and balconies must be free from obstructions.
18. Railings and guards must be present on all interior stairways and structurally sound.
19. Toilet(s) must flush properly, free from leaks and drain without nuisances.
20. **BEDROOMS MUST NOT BE OVER-OCCUPIED (The Code Official will determine the maximum occupancy of your dwelling unit based on the floor plan submitted and a calculation of square footage of bedrooms and habitable spaces, pursuant to New York State Property Maintenance Code).**

- 21. Battery-operated smoke detectors are required in each bedroom.** Battery-operated smoke detectors are required for any hallway leading to a bedroom. One battery-operated smoke detector is required for each level of the building including the basement/cellar. Battery-operated smoke detector is required in any stairway (one hallways smoke will suffice if said hallway is adjoined to such stairway). For new construction, all smoke detectors must be electrically hardwired with a battery back-up; no battery-operated smoke detectors are permitted. (Section 704 of the NYS Property Maintenance Code.)
- 22.** Smoke detectors must be properly mounted and positioned in accordance with the manufacturer's instructions. (At least 12 inches from wall if mounted on ceiling, and exactly 12 inches down from ceiling if mounted on wall.)
- 23.** A carbon monoxide detector must be located on every floor.
- 24.** Multi-plug adaptors are prohibited (two-way and three-way electrical extenders). *See #5 on surge protectors.
- 25.** Doors to sleeping rooms must not contain hasp locks or keyed entries.
- 26.** Windows must not be blocked with furniture or other obstructions.
- 27.** Furnaces, boilers and water heating equipment must be serviced and cleaned annually by a qualified service technician. A copy of such service inspection shall be posted in a conspicuous place and dated accordingly.
- 28.** Combustible storage is prohibited within 36 inches of any furnace, water heater or boiler.
- 29.** Basements and cellars shall not have excessive storage. A clear path of travel must be maintained to all heat-producing mechanical equipment and the electric panel.
- 30.** Dwelling unit(s) shall be provided with heat and be capable of maintaining a stable 70 degree temperature from September 15th through May 31st.



Tenant Information

Term of Lease

Beginning Date: _____ Ending Date: _____

Description of Structure: (i.e. One-Family, Two-Family, etc.) _____

Total Number of Rooms: ____ Kitchens: ____ Bedrooms: ____ Bathrooms: ____

List All Tenants

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Tenant Phone Number(s)

Daytime Phone: _____

Evening Phone: _____

Cellular Phone: _____

RENTAL REGISTRATION APPLICATION
NON-OWNER OCCUPIED DWELLINGS

1. **OWNER'S NAME**

(Print)

2. **ADDRESS of OWNER: (No Post Office Box):**

(Number) (Street) (City) (State) (Zip)

IF APARTMENT:

(Apt. No.) (Apt. Complex Name)

3. **TAX MAP NUMBER:** _____4. **TELEPHONE NUMBER of OWNER:**

(Area Code) (Home Number)

(Area Code) (Work Number)

5. **CHECK IF APPLICANT IS:** Owner Operator Agent6. **NAME of MANAGING AGENT or DWELLING OPERATOR IF NOT THE OWNER:**

(Print)

7. **ADDRESS of AGENT or OPERATOR: (No Post Office Box):**

(Number) (Street) (City) (State) (Zip)

IF APARTMENT:

(Apt. No.) (Apt. Complex Name)

8. **TELEPHONE NUMBER of AGENT or OPERATOR:**

(Area Code) (Home Number)

(Area Code) (Work Number)

9. **IF THIS IS A RENEWAL REGISTRATION, PREVIOUS PERMIT NUMBER:**

10. **LOCATION OF RENTAL DWELLING/UNIT:**

(Number) (Street) (City) (State) (Zip)

IF APARTMENT:

(Apt. No.) _____ (Apt. Complex Name) _____

10. FILL OUT THIS SECTION IF RENTAL UNIT IS A HOUSE, CONDO OR CO-OP

TYPE OF DWELLING check one: House Condo Co-op

Living Room	_____	Bedroom #1	_____
Dinning Room	_____	Bedroom #2	_____
Den	_____	Bedroom #3	_____
Study/Library	_____	Bedroom #4	_____
Entertainment Room	_____	Bedroom #5	_____
Playroom	_____	Bedroom #6	_____
Other	_____		

TOTAL FLOOR AREA, SQ.FT. _____ ÷ 175 sq. ft. = _____ **max. occupancy**

No cellar, kitchen or bathroom space shall be used as a habitable room or dwelling unit or to calculate the minimum total usable floor area.

11. FILL OUT THIS SECTION IF RENTAL UNIT IS A MULTI-UNIT COMPLEX

Building # _____ **Apartment #** _____ **Unit Model** _____

CALCULATIONS for HABITABLE ROOMS

	Square Footage		Square Footage
Dining Room	_____	Bedroom #1	_____
Living Room	_____	Bedroom #2	_____
Den	_____	Bedroom #3	_____
Study/Library	_____	Bedroom #4	_____
Entertainment Room	_____	Bedroom #5	_____
Other	_____	Bedroom #6	_____

TOTAL USABLE FLOOR AREA, SQ.FT. _____ ÷ 175 sq. ft. = _____ **max. occupancy**

No cellar, kitchen or bathroom space shall be used as a habitable room or dwelling unit or to calculate the minimum total usable floor area.

Total Number of Units _____ **Total Number of Buildings** _____

FEE:

4 to 50 Units	\$1,000.00
51 to 100 Units	\$1,500.00
101 to 200 Units	\$2,500.00
Over 200 Units	\$5,000.00

TOTAL FEE _____

NOTE: It shall be unlawful and a violation of Chapter 82 for any person or entity who owns a rental dwelling unit in the Village of Mastic Beach to allow more than four (4) persons per bedroom in said rental dwelling unit.

- 12. **TOTAL USABLE FLOOR AREA OF 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 (Village of Mastic Beach 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. Please refer to Chapter 82-7, C. (Village Code attached) for ceiling height requirements.)

- 14. **Do you have/will you be adding, any additional bedrooms to the/any rental dwelling 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.) _____

- 15. **Does/Do the/all rental dwelling unit(s) have a dining area and recreation area in the dwelling structure?** _____

- 16. **Was the dwelling unit(s) built prior to 1937?** _____
 (Refer to Section 82-7, C. and G. for structures built prior to 1937.)

- 17. **Is this dwelling unit a residential care facility established under Federal, New York State or Suffolk County guidelines or is it utilized by occupants that are in an established care program?** _____

- 18. **Is the applicant is 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?** _____

TOTAL USABLE FLOOR AREA, SQ.FT.	=====	/175 sq.ft.=MAX.OCC.	=====
TOTAL OCCUPANCY	=====	@ 175 sq.ft.=	NEEDED SQ. FT. =====

STATE OF NEW YORK)

SS:

COUNTY OF SUFFOLK)

_____ being duly sworn, deposes and says
OWNERS NAME (Line #1 Above, Print)

that he/she reside(s) at

in the Town of _____, in the County of _____

and the State of _____, and that he/she is/are the owner(s) in fee of the premises described in the foregoing petition and that he has/have read the foregoing application and know(s) the contents thereof; that the same is true to his/her/their knowledge; and that he make(s) the foregoing petition for a permit for Temporary Rental Registration and further that I/we will comply with all New York State Building Code Requirements and Village of Mastic Beach Requirements pertaining to Rental Registration and will meet these standards within ninety (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 Mastic Beach Village Code concerning the restrictions on the number of unrelated persons occupying said residence.

Signature

Signature

Sworn to be me this _____

Day of _____, 20

Notary Public

The following excerpts of Village Code regulate the use of a dwelling unit.

Chapter 85-1 Definitions

FAMILY -- One or more persons related by blood, adoption or marriage, living and cooking together as a single housekeeping unit, or eight or less persons living and cooking together as a single housekeeping unit though not related by blood, adoption or marriage. [Amended 9-6-2005, effective 9-25-2005]

Village Code Chapter 85 –57(C)(5)

- C. The following uses shall be permitted when authorized by special permit from the Board of Appeals: [Amended 9-4-1990, effective 9-24-1990; 6-16-1992, effective 7-6-1992; 12-5-1995, effective 12-25-1995]
 - 5) A one-family dwelling occupied by more than eight persons living and cooking together as a single housekeeping unit though non-related by blood, adoption, or marriage, provided that all of the following conditions are met: [Added 9-6-2005, effective 9-25-2005]
 - (a) Submission of proof of a valid operating certificate, permit, and/or approval having been issued by the appropriate federal, state and/or county agency or department for the proposed use when the same is mandated by law; and
 - (b) The location of the use does not unduly increase traffic congestion, off-site parking, and noise levels on public streets.



INSPECTION AFFIDAVIT

I, _____, residing at

on this _____ day of _____, 20____, voluntarily provided my consent and permission to the Building Inspector as an employee of the Village of Mastic Beach, to enter the interior of the residence located at the premises designated, for the purpose of an inspection pursuant to the code of The Village of Mastic Beach, the New York State Building and Fire Prevention Code and the New York State Property Maintenance Code.

I have read and understand this consent form and swear that it is true.

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW, STATE OF NEW YORK.

Signed: _____

Sworn to before me this _____ day
of _____, 20____

Notary Public

Mayor

Bill Biondi

Deputy Mayor

Gary Stiriz

Village Clerk

Susan Draghi

Trustees

Nick Busa

Gail Cappiello

Bob Morrow

Incorporated Village of Mastic Beach

369 Neighborhood Road, Mastic Beach, NY 11951
631-772-4368 631-772-2432 Fax

Inspection Affidavit

Yo, _____ que reside en

este día _____ de _____, 20____, proporcionada voluntariamente mi consentimiento y permiso para el Inspector de construcción como empleado de la aldea de Mastic Beach, para entrar en el interior de la residencia ubicada en los locales designados, con el propósito de una inspección con arreglo al código de la aldea de Mastic Beach, el edificio del estado de Nueva York y código de prevención de incendios y el código de mantenimiento de propiedad del estado de Nueva York.

He leído y entiendo este formulario de consentimiento y juro que es cierto.

FALSAS DECLARACIONES EN ESTE DOCUMENTO SON PUNIBLES COMO UN DELITO MENOR DE CLASE A EN VIRTUD DE LA SECCIÓN 210.45 DE LA LEY PENAL, ESTADO DE NUEVA YORK.

Firmado: _____

Sworn to before me this _____ day

of _____ 20____

INCORPORATED VILLAGE OF MASTIC BEACH

369 Neighborhood Road, Mastic Beach, NY 11951

Phone 631-772-4368 • Fax 631-772-2432

**VILLAGE OF MASTIC BEACH
TRANSACTIONAL DISCLOSURE FORM
(Conflict of Interest Form)**

A Transactional Disclosure form is required when someone submits certain applications to the Village of Mastic Beach. The purpose of the disclosure is to alert the Village if a party of influence has an interest in this application or if someone within the Village who will participate in the decision has an interest. This Disclosure Form must be NOTARIZED.
***Note:** It is required that a copy of this form be sent to the Director of the Board of Ethics.

Name _____ Address _____

City _____ State ____ Zip _____

Telephone _____ Email _____ Fax _____

This form is for:

- An individual A partnership
- A corporation An association

Nature of Application:

- Tax Grievance for non-residential parcel
- Amendment
- Approval of Plat
- License or Permit affecting real property
- Variance
- Change of Zone
- Exemption from Plat or Official Map
- Bidding on contract(s)

Affected parcel (address) _____

Does any officer or employee of the Village of Mastic Beach, member of an executive committee of a political party, or his/her spouse, brother, sister, parent, child, grandchild or spouse of any of them, have an interest in this application by virtue of being the actual applicant, 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 the appropriate section below.
If No, sign and date at end of form.

Please complete the following relevant section below:

For individual:

Interested Party:

Name _____ Address _____

City _____ State ____ Zip _____

Name _____ Address _____

City _____ State ____ Zip _____

Title _____ Department _____

Relationship to Public Officer/Employee and Title, if other than Self: _____

Yes ___ No ___ Is the owner of greater than five percent (5%) of the corporate stock of the application when the applicant is a corporation whose stock is publicly traded.

Yes ___ No ___ The actual applicant,

Yes ___ No ___ An Officer, Director, Partner, or Employee of the applicant, or

Yes ___ No ___ Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

For partnership or association:

Interested Party:

Name _____ Address _____

City _____ State ____ Zip _____

Title _____ Department _____

Relationship to Public Officer/Employee and Title, if other than Self: _____

Yes ___ No ___ Does the owner hold greater than five percent (5%) interest of publicly traded shares?

Yes ___ No ___ The actual applicant,

Yes ___ No ___ An Officer, Director, Partner, or Employee of the applicant, or

Yes ___ No ___ Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

ALL APPLICANTS PLEASE FILL OUT BELOW:

Print Name _____ Date _____

Signature _____

Personally appeared before me the above named _____ personally known to me, who being duly sworn, deposes and says that he/she executed the above instrument and that the statement and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20_____.

(Notary Public)



DESIGNATION OF AGENT FOR SERVICE OF PROCESS

§ 238-46 Designation of agent for rental properties.

A. Every owner of rental property located within the Village of Mastic Beach shall file:

- (1). A statement of designation, signed and verified in the office of the Village Clerk, setting forth the name and address, by street and number within the Village of Mastic Beach, of an agent upon whom process may be served in any action or proceeding which may be commenced or instituted against said owner; or
- (2). A designation, signed and verified, of the Village Clerk, as the agent upon whom process against the owner may be served, and the post office address, within or without the Village of Mastic Beach, to which the Village Clerk may mail a copy of any process against such owner served upon the Village Clerk.

(Note: All entries must be printed clearly)

Property address: _____

Owner(s): _____

Address: (**NO** PO Boxes) _____

If Owner is a corporation:

Print Name/Address of corporate officer completing this designation form (**NO** PO Boxes):

Office held in corporation: (Pres, VP, etc.) _____

(Check one)

The following person is designated as agent upon whom process may be served in any action or proceeding, including civil or criminal, which may be commenced or instituted against said owner:

Name of Agent

Address within the Village of Mastic Beach ONLY (NO POB's): _____

OR

The Village Clerk is hereby designated the agent upon whom process against the owner may be served in any action or proceeding, including civil or criminal, which may be commenced or instituted against said owner and the address to which the Village Clerk may mail a copy of any process against such owner served upon the Village Clerk is:

Name _____

Address (NO POB's) _____

(Signature)

Sworn to before me this ____ day of _____, 201

369 Neighborhood Road, Mastic Beach, NY 11951
631-772-4368 631-772-2432 Fax

Incorporated Village of Mastic Beach

CERTIFICATION OF STRUCTURES FORM

The purpose of this form is to determine if there are any additions, modifications to the dwelling or accessory structures on the property, that have not previously been certified by the Village of Mastic Beach. Non-compliance will prevent you from receiving a Certificate of Occupancy or a Certificate of Compliance for work you are currently applying for.

Are there any accessory structures or additions constructed on the property that are not shown on the survey you are submitting with this permit application? Yes ___ No ___

Is there an apartment in any structure on the premises? Yes ___ No ___

Are there any covenants and restrictions on this property? Yes ___ No ___

Are there any Clearing Limits? Yes ___ No ___

Are there any Natural Buffers? Yes ___ No ___

If you have answered YES to any of the above questions, please check the item/s that are constructed on your property:

<input type="checkbox"/> Decks	<input type="checkbox"/> Swimming pools	<input type="checkbox"/> Sheds	<input type="checkbox"/> Detached Garages
<input type="checkbox"/> Finished Basements	<input type="checkbox"/> Porches/Screened Porches	<input type="checkbox"/> Additions	<input type="checkbox"/> Outside cellar entrances
<input type="checkbox"/> Gazebos	<input type="checkbox"/> Wood Platforms/Ramps	<input type="checkbox"/> Fireplaces	<input type="checkbox"/> Garage Conversions
<input type="checkbox"/> Fences	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Barn	<input type="checkbox"/> Other

Property Owner's Name: _____
Print or Type

Property Owner's Signature: _____ Date: _____

OR

Applicant's Signature: _____ Date: _____

Applicant's Address: _____

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