

# Incorporated Village of Mastic Beach

369 Neighborhood Rd., Mastic Beach, NY 11951

## RENTAL REGISTRATION RENEWAL REQUIREMENT

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

1. **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

2. **RENTAL REGISTRATION RENEWAL FORM** – completed and signed by one of those listed in #1 above. The form must be notarized.
3. **TRANSACTIONAL 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. **DESIGNATION OF AGENT FOR SERVICE OF PROCESS.** The form must be notarized.
7. **INSPECTION AFFIDAVIT.** The form must be notarized.
8. **NOTICE TO ARRANGE INSPECTION FORM.**
9. **INSPECTION CRITERIA.** This is a list of the items that require to be inspected.
10. **TENANT INFORMATION FORM.** Please list all current tenant information.

**Department of Building and Fire Prevention**  
(631) 772-4368 Phone  
(631) 772-2432 Fax

# Rental Registration Renewal

## Non-Owner Occupied Dwelling

Tax Map Number \_\_\_\_\_

Please ensure the following are completed and signed:

**This Rental Registration Application  
Building Permit Application**

**Transactional Disclosure Form  
Certification of Structures Form**

Please confirm that your prior permit number is NOT stored in our archives. If the old permit has been stored, it must be ordered prior to renewal. Fees are collected through cash or check only. The fee for this is \$350.00 per rental.

**You may renew a rental registration only if the floor plan or use of all rooms and areas of the residence has not been altered since the issuance of your previous rental registration.**

Owner's Name:

*Please print*

Owner's Address:

*Physical Address ONLY*

Owner's Home Phone:

Owner's Email:

Owner's Work Phone:

Owner's Cell Phone:

Check if applicant is:

Owner  Operator  Agent

Agent/Operator Name:

Agent/Operator Address:

Phone Number:

Apartment/Complex Name (If applicable)

Property Address:

State of New York)

SS:

County of Suffolk)

\_\_\_\_\_ being duly sworn, deposes and says that he/she reside(s) at \_\_\_\_\_, in the  
(Owner's Name, PRINT)  
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/she has/have read the foregoing application and knows the contents thereof: that the same is true to  
his/her/their knowledge; and that he make(s) the foregoing petition of a permit for the temporary Rental Occupancy Registration and further that I/we will comply with  
all New York State Building Code requirements and Village of Mastic Beach requirements pertaining to Temporary Permits for Rental Occupancy Registration.

Sworn to me this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_

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

Signature \_\_\_\_\_

## 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 \_\_\_\_\_

Interested Party:

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)

# 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.

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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 \_\_\_

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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: \_\_\_\_\_  
\_\_\_\_\_

369 Neighborhood Road, Mastic Beach, NY 11951

631-772-4368

631-772-2432 Fax





**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 or Owner**

**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 \_\_\_\_\_, 20\_\_\_\_



## INSPECTION AFFIDAVIT

I, \_\_\_\_\_ (owner) 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.

Designated premises located at \_\_\_\_\_

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



## NOTICE TO ARRANGE INSPECTION FORM

The purpose of this form is to inform you of your obligation under Village of Mastic Beach Code section 380-6(A): The Senior Building Inspector, or his designee, shall review each application for completeness and return incomplete applications or advise the owner that the application is complete within two weeks of receipt of the application by the Village. The owner of the rental dwelling unit shall, at the owner's election: **arrange for an inspection of the unit or units** and the premises on which the same are located by a Code Enforcement Officer employed by the Village; or shall provide to the Village sufficient evidence, certified by a licensed engineer, that the structure and the dwelling units contained therein meet all applicable housing, sanitary, building, electrical and fire codes, rules and regulations.

By submitting this form, you are hereby notified that upon receipt of the completed application and full payment of the rental permit application fee, you are required to arrange for an inspection of the rental unit **within 30 days of the date of the paid receipt.**

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Please complete this form and include it with your Application for Rental Registration/Permit.

Address of Rental Unit: \_\_\_\_\_

Name of Owner(s) (please print) \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_

369 Neighborhood Rd  
Mastic Beach, NY 11951  
631-281-2326 631.772.2432 (fax)



## 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.

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631-281-2326 631-772-2432 Fax

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 hallway's 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 15<sup>th</sup> through May 31<sup>st</sup>.



**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: \_\_\_\_\_