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## Rental Registration Application

### You must submit a separate registration form for each parcel

Pursuant to the Village of Chestnut Ridge Rental Registry Law the owner of a one-family or two-family dwelling unit shall complete this form and register the “dwelling” with the Village of Chestnut Ridge Building Department.

Every owner of a one-family dwelling unit or a two-family unit in the Village of Chestnut Ridge as defined in this chapter, who is engaged in rental occupancy of such premises shall register within 90 days of the effective date of the article.

Post Office Boxes shall **not** be accepted as an owner’s or an agent’s physical address. There is a space provided below for the mailing address. The dwelling intended to be registered shall not be used as the owner’s or agent’s address.

This application does not become a permit until approved the Village of Chestnut Ridge Building Department. The rental registry permit is valid for two years from the date of issuance. The fee for this application shall be **\$250.00** for each parcel. The check shall be made payable to the **Village of Chestnut Ridge**.

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**Required Owner Information**

Physical Address of Rental Property: \_\_\_\_\_

Tax Map ID# \_\_\_\_\_

Property Owners Name(s): \_\_\_\_\_

Type of Application:  New  Change if Property, Property Owner or Agent  Renewal

Type of Owner:

Individual                       Partnership                       Limited Liability Partnership

Joint Tenancy                       Tenancy in Common                       Tenancy by Entirety

Association                       Corporation                       Limited Liability

Other: \_\_\_\_\_

Please note: if you checked any box other than individual above, you must complete page 5 pf this registration

Property Owner Physical Address (Where currently resides, no p.o. boxes):

\_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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If you do not live in Rockland County, a local agent/contact is required.

Agent/Local Contact Name(s): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

All official correspondence (Notices, Violation Notices, Invoices, Etc.) will be mailed to the address of record provided to the Village of Chestnut Ridge. If you wish for correspondence to be sent elsewhere, for example, your property manager/designated agent above, please provide in the space below. Please be advised that if this information changes, it is your responsibility to contact our office to file a new Rental Registration Application.

Contact: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

**Rental Property Information**

Applicants filing for a new Rental Occupancy Permit must provide the information.

Applicants filing for a renewal must provide this information when applicable and when updating of information is necessary.

**A property survey of the premise drawn to scale**

**A description of the premises, including number of rooms, exits, bathrooms, bedrooms, and a sketch of each floor layout with dimensions, as well as lot size, drawn to scale.**

Is there a basement or cellar? \_\_\_\_\_ If Yes, is habitable space? \_\_\_\_\_

Was a CO granted: \_\_\_\_\_

Is there an attic? \_\_\_\_\_ If Yes, is there habitable space? \_\_\_\_\_

Was a CO granted? \_\_\_\_\_

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Are there auxiliary buildings? \_\_\_\_\_ If yes please indicate with an X which closest describes the auxiliary building s:

1 Car Garage

2 Car Garage

3 Car Garage

Shed

Pool/Hot Tubs

Fence

Other (describe) \_\_\_\_\_

The following questions are pertinent to each specific rental dwelling unit:

(if there are more units, add additional sheets as needed)

UNIT 1:

Apt/Room Identifier (letter/number) of Rental Unit: \_\_\_\_\_

Is this Unit Vacant or Occupied? \_\_\_\_\_

Square Footage of Habitable in this Unit: \_\_\_\_\_

Term of Lease: \_\_\_\_\_

Unit 2:

Apt/Room Identifier (letter/number) of Rental Unit: \_\_\_\_\_

Is this Unit Vacant or Occupied? \_\_\_\_\_

Square Footage of Habitable in this Unit: \_\_\_\_\_

Term of Lease: \_\_\_\_\_

Unit 3:

Apt/Room Identifier (letter/number) of Rental Unit: \_\_\_\_\_

Is this Unit Vacant or Occupied? \_\_\_\_\_

Square Footage of Habitable in this Unit: \_\_\_\_\_

Term of Lease: \_\_\_\_\_

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*As noted on page 2 of this application, if you are anyone other than an individual owner, you are required to return this page with your Rental Registration Application.*

**Owner is a Partnership, Limited Liability Partnership, Joint  
Tenancy, Tenancy in Common, Tenancy by Entirety,  
Association or Other:**

Each Owner, Partner's or General Partner's Name(s), Residence Address, Business Address,  
Telephone number and Email:

Name and Residence Address:

|          |          |
|----------|----------|
| 1) _____ | 2) _____ |
| _____    | _____    |
| _____    | _____    |

Business Address:

|          |          |
|----------|----------|
| 1) _____ | 2) _____ |
| _____    | _____    |
| _____    | _____    |

Telephone & Email:

|          |          |
|----------|----------|
| 1) _____ | 2) _____ |
| _____    | _____    |
| _____    | _____    |

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**Owner is a Corporation or Limited Liability Company**

Principal Place of Business for the Corporation or Limited Liability Company:

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Please provide the name, Title and Residence Address for each Officer, Director and Managing Agent of the said Corporation or Limited Liability Company:

|                  |                  |
|------------------|------------------|
| 1. Name: _____   | 2. Name: _____   |
| Title: _____     | Title: _____     |
| Residence: _____ | Residence: _____ |
| _____            | _____            |

I, \_\_\_\_\_ ,  
hereby apply for the Village of Chestnut Ridge Rental Registry Permit. I further authorize the required inspection of the rental property, owned by me, at \_\_\_\_\_ ,  
In the Village of Chestnut Ridge, New York.

**YOU WILL BE CONTACTED WITH A SCHEDULED INSPECTION DATE AND TIME**

Any false statement made herein is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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Office Use Only: \_\_\_\_\_ Parcel Identification Number: \_\_\_\_\_

Date Application Received: \_\_\_\_\_ Rental Permit Number: \_\_\_\_\_

Fee Amount: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Rental Permit Approval: [ ] Yes [ ] No

Rental Permit Not Approved Details: \_\_\_\_\_

\_\_\_\_\_

If Yes, Rental Permit Number: \_\_\_\_\_

Rental Permit Valid Until: \_\_\_\_\_

ID of Owner Received: \_\_\_\_\_