

"A Nice Place to Live"

"A Nice Place to Do Business"



Office Use Only
Application # _____
Approved ___ Disapproved ___
Cost of Units \$ _____
INITIALS _____

Town of Rotterdam
 Department of Public Works
 John F. Kirvin Government Center
 1100 Sunrise Boulevard, Rotterdam, New York 12306
 Email: dpw@rotterdamny.org
 518-355-7575 Ext.395

Multi-dwelling Fire and Property Maintenance Permit Application Form

Date Submitted _____ Department of Public Works Official _____

Property Address: _____

Owner Occupied (check one): Yes ___ No ___ Tax Identification Number /S.B.L. _____

Name of Owner(s) _____

Owner's Address (No P.O. Boxes) _____

Telephone: (Home) _____ (Cell) _____ (Fax): _____

Owner's e-mail address: _____

Copy of owner I.D. _____

IF YOU DO NOT OCCUPY THE REGISTERED PROPERTY AND RESIDE OUTSIDE OF THE COUNTY OF SCHENECTADY, YOU MUST DESIGNATE A MANAGING AGENT AUTHORIZED TO ACCEPT SERVICE OF NOTICES AND LEGAL PROCESS AND WHO RESIDES OR HAS AN OFFICE IN THE CITY OR THE COUNTY OF SCHENECTADY.

Name of Agent: _____

Agent Physical Address: _____

Telephone: (Home) _____ (Cell) _____ (Fax): _____

Agent's e-mail address: _____

Copy of Agent I.D. _____ Verifying Support Staff / Officer _____

Verification:

Initial

Agent acknowledges position as Property Agent for Property located at _____

Agent acknowledges required response within 15 minutes of notification from Town Officials

Agent acknowledgement of failure to respond may result in removal from Agent list and rentals in violation

Preferred method of contact Email _____

Phone _____

PROPERTY DESCRIPTION:

Property Type: Residential Mixed Residential and Commercial

NOTE: If the owner is a business meaning (LLC,CO,INC, ETC) - you must complete the appropriate business entity information form(s).

Number of Units in the Registered Property:

Two Three Four Other (please specify)

Is the Property Insured for Property Damage and Fire Loss? Yes No

Is the Property Insured for Liability Losses? Yes No

Name of Insurance Company _____

Insurance Agent Name _____

Insurance Agent Telephone Number _____

Insurance Agent Address _____

City/State Zip _____

Dates of Last Inspection (please attach CURRENT inspection reports) see email page 1

Fire Alarm/Detection system	
Fire Sprinkler	
Elevator	
Fire District	
Knox Box installed?	Y / N please circle one
Number of Stories above grade	

(Please provide a copy of your current year insurance declarations/ coverage page)

The owner and or applicant agrees to comply with all applicable laws, regulations and ordinance with NYS and the Town of Rotterdam Codes. The owner and or applicant agrees to allow the fire/code inspector access to the whole interior and exterior of the property including all units as needed during the inspection excluding owner occupied unit.

The undersigned owner certifies, under penalty of perjury, that the foregoing information is true and correct.

Sworn to me before this _____ day
of _____ 20_____

Owner signature

Owner name printed

NOTARY PUBLIC/COMMISSIONER OF DEEDS

Commission Expiration Date

Relationship to owner of record

Non-County Resident Owners

I certify and agree that I am a non-resident property owner, designate the agent herein named to serve as the Agent of record, for purposes of managing the property identified herein, and authorize and consent to service of all notices, warnings, communications and legal processes upon the designated agent. The undersigned agent accepts the designation as agent and agrees to serve as the owner's agent for all purposes required by Chapter 89 of the Code of the Town of Rotterdam

Owner Signature

Agent

Printed Owner Name

Uniform Code Fire Safety and Property Maintenance

Explanation and statutory authority

New York State law requires every city, town, and village that has not transferred code-enforcement responsibility to the State to administer and enforce the New York State Uniform Fire Prevention and Building Code and the State Property Maintenance Code, including periodic fire-safety and property-maintenance inspections of multiple dwellings and non-residential occupancies. This inspection and registration program is therefore a mandate of New York State law and regulations, not a discretionary local initiative of the Town.

The Uniform Fire Prevention and Building Code and related maintenance provisions were first enacted in the early 1980s following a series of devastating fires and building failures across the State, with the Legislature finding that minimum, statewide standards for fire safety and property maintenance were necessary to protect the lives, health, and property of New Yorkers and to eliminate inconsistent local practices. The Legislature delegated authority to the State Fire Prevention and Building Code Council and the Department of State to adopt and update the Uniform Code and to require local governments to establish and implement code-enforcement programs meeting minimum standards, including periodic fire-safety and property-maintenance inspections of multiple dwellings and non-residential buildings. Executive Law Article 18 and 19 NYCRR Part 1203 implement this policy by directing local governments to perform these inspections on a recurring basis and allowing them to charge reasonable regulatory fees to cover the cost of administering and enforcing the program.

This application form and fee schedule are adopted by the Town to comply with those State mandates and to ensure that the Town has the resources necessary to carry out the required inspections in a timely, consistent, and professional manner.

Inspection category and fee schedule

Fees are regulatory fees adopted to recover the reasonable cost of administering the Town's fire-safety and property-maintenance inspection program required by Executive Law Article 18 and 19 NYCRR part 1203. Separate fees may apply to fire-safety inspections and property-maintenance inspections where both are performed.

Inspection fee \$75.00 per Unit per Schedule of Fees



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Multi-Family Inspection Checklist

This list is intended as a guideline and shall not be interpreted to be all inclusive. Other sections of the code may apply.

Exterior Maintenance

Chimney

Secure
Properly painted

Roof

Free of leaks
No missing or deteriorated shingles

Doors

Weathertight
Secure hinges & locks

Siding & Paint

No holes
No deterioration
Structurally sound

Windows

Weathertight
Not broken
Have screens
No deteriorated paint

Foundation

No cracks
No leaks
No deteriorated paint

Porch

Structurally sound
Guardrails if 30+ inches
No deteriorated paint
No upholstered furniture

Yard

Grass + weeds cut
No trash in yard
No trees in contact with structure

Property Area

No abandoned cars
Garage & shed good condition
Trash containers secure
Street numbers visible from road

Interior Maintenance

Windows

No broken glass
Secure
No chipping paint
Capable of emergency escape

Bathrooms

A toilet properly installed
No plugged drains
A tub or shower
A sink properly installed
A light fixture
Adequate ventilation

Utilities & Other Safety

Electrical

Adequate service
No frayed & exposed wires
No broken fixtures & outlets

Smoke Alarms

Operable
Installed correctly in each sleeping area

Water Heater

Properly vented
Sealed Chimney
Temperature & pressure relief valves sealed
Gas shut off

Water Service

No cross-connection of waste and water pipes
No leaking pipes



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For-Profit Corporation Registration Form

1. Please list the FULL Name of the Corporation: _____

2. Does the Corporation do business under another name (d/b/a)? Y/N
If yes, please provide the additional names under which this business operates:

3. Please indicate the president or secretary of the For-Profit Business Corporation shall be named in court actions on behalf of the Corporation:

NOTE: Only names and addresses belonging to physical persons will be accepted by the Department of Public Works. Addresses provided must differ from the owned property address. The Department of Public Works will not accept the name of an attorney (who is not a member of the Corporation) as the person to be named in court actions

Name: _____

Title: _____

Address: _____

4. Is this the same member designated as the Agent with the NYS Secretary of State? Y / N

If not, please provide the name and address of this Agent:

Name: _____ Address: _____

NOTE: The Department of Public Works will accept an attorney's name for the purpose of service of process

I, _____, do hereby certify that the property
Name of Person Completing Form

located at _____, in the Town Of Rotterdam is owned by
Address of Property

_____, which is registered to do business in the State of

New York as a:

LLC

Corporation

General Partnership

Limited Partnership

Sole Proprietorship

I do hereby certify that all statements made by me in this application are true and correct to the best of my knowledge, information, and belief. Further, I understand that in the event that I have knowingly and willfully made any false statements, I will be liable for punishment in accordance with all applicable laws and statutes

Signature

Please Print Name

Relationship to Business

Sworn to me this ___ day

of _____, 20_____.

Notary Public/Commissioner of Deeds



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LLC Registration Form

1.) Please list the FULL Name of the LLC: _____

2.) Does the LLC do business under another name (d/b/a)? *Y/N*
If yes, please provide the additional names under which this business operates:

3.) How many members are in the LLC? _____

4.) Please provide the names and addresses of two members of the LLC:

-NOTE: Only names and addresses belonging to physical persons will be accepted; Addresses provided must differ from the owned property address; if more than one member, please provide information for at least two.

Name: _____ Address: _____

Name: _____ Address: _____

5.) Please indicate which of the above members of the LLC should be named in court actions on behalf of the LLC:

Name: _____

NOTE: the Department of Public Works Enforcement will not accept an attorney (who is not a member of the LLC) as the person to be named in court actions

6.) Is this the same member designated as the Agent with the NYS Secretary of State? *Y/N*
If not, please provide the name and address of this Agent:

Name: _____ Address: _____

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Partnership Registration Form

1. Please provide the FULL name of the partnership: _____

2. How many members constitute the partnership? _____

3. Please provide the names and addresses of two majority interest holdings members of the partnership:

NOTE: Only names and addresses belonging to physical persons will be accepted by the Department of Public Works. Addresses provided must be different from the owned property address, if more than one member, please provide information for at least two.

Name: _____ Address: _____

Name: _____ Address: _____

4. Please indicate which member of the partnership will be named in Court Actions on behalf of the partnership:

*NOTE: Department of Public Works **will not** accept the name of an attorney (who is not a member of the partnership) as the person to be named in court actions*

Name: _____

Title: _____

Address: _____

5. Is this the same member designated as the Agent with the NYS Secretary of State? Y / N

If not, please provide the name and address of this Agent:

Name: _____ Address: _____

NOTE: The Department of Public Works will accept an attorney's name for the purpose of service of process

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Signature

Please Print Name

Relationship to Business

Sworn to me this ___ day

of _____, 20____.

Notary Public/Commissioner of Deeds