

TOWN OF HIGHLANDS BUILDING DEPARTMENT

254 MAIN ST
HIGHLAND FALLS, NY 10928
845-446-4280 Ext. 316 FAX 845-446-4298

LANDLORD REGISTRATION FORM – VILLAGE OF HIGHLAND FALLS, NY

Registration **YEAR:** _____ **NUMBER:** _____ (NOTE: all Registrations and renewals are due annually January 1st)

Property Address: _____ Section Block & Lot: _____

Name of Owner: _____

Mailing Address of Owner: _____

Phone numbers of Owner: Office/Home # _____ Emergency 24 hour # _____

(NOTE: if corporation or partnership, attach names, titles, addresses and phone numbers of any responsible persons of the business)

If owner resides outside Highland Falls/Town of Highlands, or is unavailable in cases of emergency, list other responsible person:

Name (must be an adult 21 or older): _____

Address (must be within Highland Falls/Highlands): _____

Phone numbers of responsible person: Office/Home # _____ Emergency 24 hour # _____

PROPERTY FEATURES:

Owner occupied? YES _____ NO _____ Mixed use (commercial & residential)? YES _____ NO _____

Number of buildings on property containing residential units: _____ Total number of residential units on property: _____

Approximate height of each building: _____

Number of stories for each building: _____

Type of construction for each building (frame, brick, stucco, etc...): _____

Number of residential apartment units for each building: _____

Maximum number of persons in occupancy for each building: _____

For each residential unit, list existing size, existing number of bedrooms and maximum number of occupants (based on occupancy limitations of Village of Highland Falls Code Chapter 122-11 "Housing Standards" and/or NYS Property Maintenance Code section 404.5 "Overcrowding" utilizing whichever standard is more restrictive)

Residential Unit #	Approx. Unit Square Footage	# of Bedrooms	Maximum # of Occupants (for entire unit)

Attach separate sheet(s) if necessary

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Identify fire and other safety features for each building (i.e. fire alarm systems, location of fire doors and stairwells, exterior fire escapes, sprinklers, hydrant locations, etc):

CERTIFICATION:

I, the undersigned, hereby certify that all information contained in this statement is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to the provisions of law relevant to the making and filing of false instruments and shall constitute a violation of the Village of Highland Falls Code Chapter 128. Additionally, I agree to substantially comply with all applicable regulations related to the occupancy of residential rental property.

Signature of owner (or appropriate officer of corporation/partnership) Date: _____

SIGNATURE MUST BE NOTARIZED

State of New York County of _____ Sworn to before me this: _____ of _____ 20____ Notary Public _____ County of: _____
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AVAILABILITY OF REGULATIONS: Please note that copies of applicable regulations including the NYS Fire Code and Property Maintenance Code, the NYS Multiple Residence Law and the Village of Highland Falls Code are available in the Town of Highlands Building Department Office and may be examined as necessary in order for owners of property within the Town of Highlands and Village of Highland Falls to become familiar with the regulations that they are required to comply with. Please feel free to contact the Building Department at 845-446-3438 extension 316 if you require information regarding any such regulations.

REQUIREMENT FOR UPDATED INFORMATION: In the case that information provided on this form becomes outdated for any reason (sale of property, change in responsible persons, modification to property features, etc...) a new form reflecting such changes must be submitted within a period of thirty (30) days. A nominal fee may be charged for filing of updated forms.

REQUIREMENT FOR ANNUAL RENEWAL: Registration renewals must be submitted on an annual basis (No fee for renewals).

FEES: New registrations and amendments must be accompanied by a \$10.00 fee payable to "Town of Highlands".