

**VILLAGE OF BROCKPORT 2021-2022 RESIDENTIAL RENTAL REGISTRATION APPLICATION**

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|---|---|
| <p><b>DUE: September 15, 2021</b><br/>                 Pay <i>before</i> September 1<sup>st</sup> : \$100 per building<br/>                 Pay <i>after</i> September 15<sup>th</sup> : \$200 per building</p> | <p><b>FEE: \$125 per building/ per year</b><br/> <i>per Brockport Village Code Ch. 36-4F</i><br/>                 Cash/Checks: payable to Village of Brockport.</p> |
|---|---|

► Property Owners are responsible to submit registration. Registration applications are **not** transferable. Residential Rental Registration Application changes must be submitted by the owner within 90 days of such change. Per local law Chapter 36-27 F.

Office Stamp

**RENTAL PROPERTY ADDRESS:** \_\_\_\_\_

- CLASSIFICATION:**    Single Family (210)    2-Family (220)    3-Family (230)
- Combo–stores/offices/apts (ex: 483, 481, 415, 465)
- Apartments (411)    Rooming House (418)    Other \_\_\_\_\_

**COMPLETE FOR EACH DWELLING UNIT:** (each apartment is one dwelling unit; a rooming house is one dwelling unit):  
 Village of Brockport Zoning Code 58-2 defines *family* as: A. Includes (1) One, two or three persons occupying a dwelling unit; or (2) Four or more persons occupying a dwelling unit and living together as a traditional family or the functional equivalent of a traditional family. B. It shall be presumptive evidence that four or more persons living in a single dwelling unit who are not related by blood, marriage or legal adoption does not constitute the functional equivalent of a traditional family.

| Dwelling Unit Name<br>(i.e. "A", "24", "Upper Front") | Number of Sleeping Spaces/Bedrooms<br><i>Sleeping space: A room or part of a room that can be used...on an occasional or permanent basis, for sleeping. (Ch 36-1 C):</i> | Total Number of Tenants Occupying this Unit | Are tenants of this unit family members with each other? |
|---|--|---|--|
|   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   | LEGAL OWNER #1:         | LEGAL OWNER #2:         | Local Property Manager/Agent:<br><i>(Required if owner is a corporation or resides more than 50 miles from the Village boundaries.)</i> |
|---|-------------------------|-------------------------|---|
| Name:<br><small>( Contact Name if owner is LLC)</small> |                         |                         |   |
| Must include physical address with PO Box:              |                         |                         |   |
| City/State/Zip  |                         |                         |   |
| Phone Number:   |                         |                         |   |
| E-Mail:   | [ ]cell [ ]home [ ]work | [ ]cell [ ]home [ ]work | [ ]cell [ ]home [ ]work   |

*(For additional Owners or Dwelling Units, please indicate above information on separate sheet.)*

**APPLICANT / OWNER CERTIFICATION OF STATEMENTS:**  
 The applicant(s) hereby affirm(s) under penalty of law that the above information is accurate and complete, to the best of his/her knowledge and he/she/they is/are the title owner(s) of the property or has/have been authorized by the title owner(s) to make this application.

Applicant/owner signature: \_\_\_\_\_ Date: \_\_\_\_\_