

Rental Registration Application

You must submit a separate registration form for **each building**



**City of Cortland
Fire Department
Code Enforcement**

Pursuant to the City of Cortland Rental Housing Law, the owner of each **building** containing one or more residential rental units shall complete this form and register the **building** with the City Code Enforcement Office.

Permits will be issued for any residential rental dwelling subject to the Rental Permit Law upon the owner making application and certifying under oath and subject to perjury that said dwelling is in compliance with all applicable City and State Codes, Statutes, Laws, Ordinances and regulations. At the request of and with the consent of the owner, the Code Enforcement Officer shall inspect the property for compliance prior to the issuance of a permit.

The applicant is advised that, in addition to any other remedies available under the law, any owner of a property which contains a building with one or more residential rental dwelling units who fails to comply with the minimum requirements of the City of Cortland Rental Housing Law, must comply by applying for and obtaining a Rental Permit pursuant to the City of Cortland Rental Housing Law, and given probable cause are subject to revocation or nonrenewal. Furthermore, the owner shall also be subject to all penalties set forth in said City of Cortland Rental Housing Law.

Post Office Boxes shall not be accepted as a physical address. There is space provided below for the mailing address. The building intended to be registered shall not be utilized as the owner's or agent's address unless it is the principal place of business or residence of the owner or agent.

Office Use Only:	Parcel Identification Number: _____
Date Application Received: _____	Temporary Rental Permit #: _____
Inspection Date: _____	Inspected By: _____
Rental Permit Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rental Permit NOT Approved Details: _____	
If Yes, Rental Permit Number: _____	
Rental Permit Valid Until : _____	
Pre-existing Non Conforming Use: _____	Existing CZO (if so what year): _____
Traditional Family: _____	OR; Functional Family: _____
_____ Vacant Building	

Physical Address of Rental Property: _____

Tax Map ID #: _____

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

Property Address: _____

Required Owner Information

Property Owner Name(s): _____

Type of Owner:

- Individual Partnership Limited Liability Partnership
 Joint Tenancy Tenancy in Common Tenancy by Entirety
 Association Corporation Limited Liability Company
 Other: _____

**** Please note: if you checked any box other than individual above, you will need to complete page 5 of this registration.**

Owner Physical Address: _____ **NO PO BOXES**

City/State/Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Mailing Address: _____

**If you do not live in Cortland County or one of the 7 contiguous counties,
a local agent/contact is required.**

Agent/Local Contact Name(s): _____

Address: _____

City/State/Zip: _____

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 City of Cortland Assessors Office. Please be advised that if this information changes, it is your responsibility to contact our office to file a new Rental Registration Application.

Rental Property Information

Each building will need a separate application

Number of Rental Buildings on Parcel: _____

Number of Rental Units per Building: _____

Number of Total Units by Stories: ___ 1st Floor ___ 2nd Floor ___ 3rd Floor

Is there a basement? ___ If yes, is there habitable / living space? _____

Is there an attic? ___ If yes, is there habitable / living space? _____

Is there a functioning fire/smoke detection system? ___ Manual ___ Auto _____

Is there working single station smoke and or Carbon Monoxide Detectors? _____

Is there a sprinkler system in the building? ___ Date of Last Inspection _____

Are there accessory buildings? Yes ___ No ___ If yes, please describe # ___ Car garage; ___ Shed

___ Other (describe) _____ Number of Parking spaces _____

The following questions are pertinent to each specific rental dwelling **unit**: (if there are more units, add additional sheets as needed)

***Please note : Maximum Number of Tenants Allowed refers to tenants not acting as a traditional or functional family as defined in City Code § 300-2: Family**

Apt/Room Identifier (letter/number) of Rental Unit: _____
Is this Unit Vacant or Occupied? _____
Square Footage of Habitable Space in this Unit: _____
Maximum Number of Tenants Allowed* _____
Traditional or functional family (If applicable) _____
Written Lease or Oral Lease: _____

Apt/Room Identifier (letter/number) of Rental Unit: _____
Is this Unit Vacant or Occupied? _____
Square Footage of Habitable Space in this Unit: _____
Maximum Number of Tenants Allowed* _____
Traditional or functional family (If applicable) _____
Written Lease or Oral Lease: _____

Apt/Room Identifier (letter/number) of Rental Unit: _____
Is this Unit Vacant or Occupied? _____
Square Footage of Habitable Space in this Unit: _____
Maximum Number of Tenants Allowed* _____
Traditional or functional family(If applicable) _____
Written Lease or Oral Lease: _____

Apt/Room Identifier (letter/number) of Rental Unit: _____
Is this Unit Vacant or Occupied? _____
Square Footage of Habitable Space in this Unit: _____
Maximum Number of Tenants Allowed* _____
Traditional or functional family(If applicable) _____
Written Lease or Oral Lease: _____

Apt/Room Identifier (letter/number) of Rental Unit: _____
Is this Unit Vacant or Occupied? _____
Square Footage of Habitable Space in this Unit: _____
Maximum Number of Tenants Allowed* _____
Traditional or functional family(If applicable) _____
Written Lease or Oral Lease: _____

Apt/Room Identifier (letter/number) of Rental Unit: _____
Is this Unit Vacant or Occupied? _____
Square Footage of Habitable Space in this Unit: _____
Maximum Number of Tenants Allowed* _____
Traditional or functional family(If applicable) _____
Written Lease or Oral Lease: _____

I, _____, hereby apply for the City of Cortland Rental Registry Permit and affirm that written leases contain language from City of Cortland Rental Housing Law Section 102-19.

I further request and authorize an inspection of the rental property, owned by me, at _____ in the City of Cortland, New York.

Signature

OR

I am not requesting an inspection of the rental property, owned by me, at _____ in the City of Cortland, New York, and by my signature, certify that the property is in compliance with all applicable codes and standards as provided on the attached self certification form.

Signature

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

An \$80.00 Registration Fee is required to be submitted with this application

Within thirty (30) days of a change in the information provided, the owner shall complete and submit a new registration form for each building affected by the change. In the instance of a transfer of ownership of the property, the buyer/seller of the property shall give notice in writing to the Code Enforcement Office within two (2) business days after closing. This notice shall include the name and address of the buyer. The buyer of the property shall complete and submit a new registration form for each building within ten (10) business days after closing.

City of Cortland Rental Housing Law Section 102-19: Contained in written lease in 10 Pt or larger: "Please take notice that you and the landlord each have certain rights and responsibilities under the City of Cortland Rental Housing Law, a copy of which is available in the City Hall, 25 Court Street, Cortland, New York, 13045"

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 # and E-mail:

Name and Residence Addresses:

1) _____	2) _____
_____	_____
_____	_____
3) _____	4) _____
_____	_____
_____	_____

Business Address:

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

Telephone and Email:

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

Owner is a Corporation or Limited Liability Company

Principal place of business for Corporation or Limited Liability Company:

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

Name:	1) _____	2) _____	3) _____
Title:	_____	_____	_____
Residence Address:	_____	_____	_____
	_____	_____	_____