



**BUREAU OF CODE ENFORCEMENT
CITY OF SCHENECTADY
NEW YORK**

City Hall
105 Jay St. Room 17
Schenectady, NY 12305
Ph.: (518) 382-5050
Fax: (518) 372-9459

Chief Building Inspector
Christopher Lunn

LANDLORD REGISTRATION STATEMENT FOR RENTAL CERTIFICATE

Date Submitted _____ **Bldg Dept. 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: _____

If the owner is a business – you must complete the appropriate business entity information form(s).

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 COUNTY OF SCHENECTADY.

Name of Agent: _____

Agent Physical Address: _____

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

Agent's e-mail address: _____

Agent verification completed Verifying Officer _____

Verification:

Initial

Agent acknowledges position as Property Agent for Property located at _____

Agent acknowledges required response within 24 hours of notification from City Officials _____

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

Preferred method of contact email _____

Phone _____

Text / Pager _____

PROPERTY DESCRIPTION:

Property Type: Residential Mixed Residential and Commercial

Number of Residential Units in the Registered Property:

One 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 _____

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

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

Relationship to owner of record

Commission Expiration Date

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 210 of the Code of the City of Schenectady.

Owner Signature

Agent

Printed Owner Name

RENTAL REGISTRATION

DATE / /

PROPERTY ADDRESS _____ **SBL** _____

Floor Location (i.e. 1st fl., 2nd fl.) _____ **Apt #** _____

NAME OF TENANT(S): _____ **Section 8** YES NO

Lease: Yes No Lease Commenced: _____ Duration: _____

Floor Location (i.e. 1st fl., 2nd fl.) _____ **Apt #** _____

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Lease: Yes No Lease Commenced: _____ Duration: _____

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Floor Location (i.e. 1st fl., 2nd fl.) _____ **Apt #** _____

NAME OF TENANT(S): _____ **Section 8** YES NO

Lease: Yes No Lease Commenced: _____ Duration: _____

IS THE POWER ON TO THE APARTMENT (S) TO BE INSPECTED? Yes No

UNITS TO BE INSPECTED:

Floor/Apt # _____ **Floor/Apt #** _____ **Floor/Apt#** _____

Floor/Apt # _____ **Floor/Apt #** _____ **Floor/Apt** _____

UNITS TO BE REINSPECTED:

Floor/Apt # _____ **Floor/Apt #** _____ **Floor/Apt** _____

Note: All Section 8 rental units must now have City Rental Certificates/Inspections as required by the 6/23/2014 amended Ordinance 210-8.

If more than three (3) units, identify waste collection services. Provide a copy of waste collection agreement.

Submitted Date _____ BLDG DEPT OFFICIAL _____