BUREAU OF CODE ENFORCEMENT
CITY OF SCHENECTADY
NEW YORK

City Hall
105 Jay St. Room 17
Schenectady, NY 12305
Ph.: (518) 382-5050
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Chief Building Inspector
Nayeem Abzal

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: _____

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

<u>IF YOU DO NOT OCCUPY THE REGISTERED PROPERTY</u> 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 .

_____

NOTARY PUBLIC/COMMISSIONER OF DEEDS

_____

Commission Expiration Date

_____

Owner signature

_____

Owner name printed

_____

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 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 # _____

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

Lease: Yes ☐ No ☐ Lease Commenced: _____Duration: _____

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 # _____

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

Lease: Yes ☐ No ☐ Lease Commenced: _____Duration: _____

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 # _____

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_____