TOWN OF HAMLIN

BUILDING DEPARTMENT
APPLICATION FOR RENTAL PROPERTY PERMIT
1658 LAKE ROAD
HAMLIN, NEW YORK 14464
964-8181

Property Address:_____

# of Dwelling Units:_____ **Date:**_____

Owner Information:_____ **Property Manager Information:**_____

Name:_____ **Name:**_____

Address:_____ **Address:**_____

_____

Primary Phone Number: _____ **Primary Phone Number:**_____

Secondary Phone Number:_____ **Secondary Phone Number:**_____

Email:_____ **Email:**_____

This permit expires 90 days from the date of issuance. The Applicant or owner agrees to comply with all applicable laws, regulations and conditions expressed on the application. In addition, the owner will allow the Building Inspector (or authorized representative) to enter the premises for any required inspections.

Owner Signature:_____

_____

For Official Use Only

Permit Review
Received by_____
Reviewed by_____

Permit Package Checklist
Floor Plan_____
Indentification_____

Permit Fees
Base Fee_____
Additional Tenant Units
( ) x $10 =

Date Reviewed_____

TOTAL PERMIT FEES $_____