



CRAIG HAIGH CEO

KENNETH A. ELLSWORTH ASST. CEO
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Department of Code Enforcement

429 WARREN STREET
Phone (518) 828-3133 Fax (518) 828-9241

Mixed-Use Occupancy Registration Application

Date submitted _____ Bldg. Dept. Official _____

Ownership Information

Property Address: _____
Owner Occupied (check one): Yes ___ No ___ Tax Identification #/ S.B.L. _____
Name of Owner(s) _____
Owner(s) Address: _____
Mailing Address (If Different from above): _____
Telephone: (Home) _____ (Cell) _____ (Fax) _____
Email address: _____

Public Assembly/Commercial Information

Name of Establishment: _____
Address: _____ Phone number: _____
Owner of Establishment: _____ Phone number: _____
Type of Business: _____

Residential Unit(s) Information

Floor Location (i.e. 1st fl. 2nd fl.) _____ Apt. # _____ Number of bedrooms _____
Name of Tenant(s): _____ Section 8: Yes ___ No ___
Lease: Yes ___ No ___ Leased Commenced _____ Duration _____
Number of Fire Detection Devices (including CO detectors) _____
Location of Fire Detection Devices _____
Battery operated ___ Line connected(hardwired) ___ Combination-Battery/ Line connected ___
Fire Detection Devices initial test date for operability: _____
Fire Detection Devices annual test date(s) for operability: _____

Please Print and Complete Additional Forms if Necessary. Additional Residential Unit Information Forms may also be obtained under the "Multiple-Dwelling Rental Registry Application PDF.

Mixed-Use Occupancy Rental Registry Application (Cont.)

Floor Location (i.e. 1st fl. 2nd fl.) _____ Apt. # _____ Number of bedrooms _____
Name of Tenant(s): _____ Section 8: Yes _____ No _____
Lease: Yes _____ No _____ Lease Commenced _____ Duration _____
Number of Fire Detection Devices(including CO detectors) _____
Location of Fire Detection Devices _____
Battery operated _____ Line connected(hardwired) _____ Combination-Battery/Line connected _____
Fire Detection Devices initial test date for operability: _____
Fire Detection Devices annual test dates for operability: _____

Floor Location (i.e. 1st fl. 2nd fl.) _____ Apt. # _____ Number of bedrooms _____
Name of Tenant(s): _____ Section 8: Yes _____ No _____
Lease: Yes _____ No _____ Lease Commenced _____ Duration _____
Number of Fire Detection Devices(including CO detectors) _____
Location of Fire Detection Devices _____
Battery operated _____ Line connected(hardwired) _____ Combination-Battery/Line connected _____
Fire Detection Devices initial test date for operability: _____
Fire Detection Devices annual test dates for operability: _____

Floor Location (i.e. 1st fl. 2nd fl.) _____ Apt. # _____ Number of bedrooms _____
Name of Tenant(s): _____ Section 8: Yes _____ No _____
Lease: Yes _____ No _____ Lease Commenced _____ Duration _____
Number of Fire Detection Devices(including CO detectors) _____
Location of Fire Detection Devices _____
Battery operated _____ Line connected(hardwired) _____ Combination-Battery/Line connected _____
Fire Detection Devices initial test date for operability: _____
Fire Detection Devices annual test dates for operability: _____

Floor Location (i.e. 1st fl. 2nd fl.) _____ Apt. # _____
Number of bedrooms _____
Name of Tenant(s): _____ Section 8: Yes _____ No _____
Lease: Yes _____ No _____ Lease Commenced _____ Duration _____
Number of Fire Detection Devices(including CO detectors) _____
Location of Fire Detection Devices _____
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Floor Location (i.e. 1st fl. 2nd fl.) _____ Apt. # _____ Number of bedrooms _____
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Lease: Yes _____ No _____ Lease Commenced _____ Duration _____
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