

CRAIG HAIGH CEO

KENNETH A. ELLSWORTH ASST. CEO  
JAMES W. SCHERMERHORN ASST. CEO

# Department of Code Enforcement

429 WARREN STREET

Phone (518) 828-3133

Fax (518) 828-9241

## Multiple-Dwelling Rental Registry 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) \_\_\_\_\_

Owner's Email address: \_\_\_\_\_

Please check the appropriate entity of the owner:      Entities must attach the following documentation:

Corporation: \_\_\_\_\_

Corporations: Articles of Incorporation  
Operating Agreement

Partnership: \_\_\_\_\_

Partnership: Partnership Agreement  
Operating Agreement

LLC: \_\_\_\_\_

LLCs: Articles of Organization  
Operating Agreement

Real Person \_\_\_\_\_

**If you are completing this application on behalf of the Owner, please provide your information below:**

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal (Zip) Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_ Are you a Property Manager? Yes \_\_\_ No \_\_\_

### Property Management Information

Name of Property Manager or Property Management Company: \_\_\_\_\_

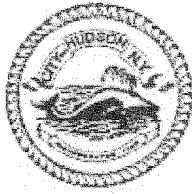
Manager's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal(Zip) Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is the Property Manager a licensed Real Estate Broker? Yes \_\_\_ No \_\_\_

If yes, New York License Number: \_\_\_\_\_



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## Multiple-Dwelling Rental Registry Application

Date Submitted \_\_\_\_\_ Bldg. Dept. Official \_\_\_\_\_

**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: \_\_\_\_\_ Postal(Zip)Code: \_\_\_\_\_

**Rental Unit Registration**

**Date:** / /

Property Address \_\_\_\_\_ SBL \_\_\_\_\_

Floor Location (i.e. 1<sup>st</sup> fl. 2<sup>nd</sup> 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. 1<sup>st</sup> fl. 2<sup>nd</sup> 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: \_\_\_\_\_

**Multiple-Dwelling Rental Registry Application (Cont.)**

Floor Location (i.e. 1<sup>st</sup> fl. 2<sup>nd</sup> 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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Number of Fire Detection Devices(including CO detectors) \_\_\_\_\_  
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**Please Print and Complete Additional Forms if Necessary**



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### Multiple – Dwelling Rental Registry Application

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#### Application & Processing Fee

The owner or applicant must submit an application and processing fee of \_\_\_\_\_ at the time the application for Multiple-Dwelling Rental Registry is complete. If the fee is not submitted, the application will be rejected. Payment of the fee must be made by check or money order, and should be made payable to City of Hudson.

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#### For official use only

Received by: \_\_\_\_\_  
Check: \_\_\_\_\_ Check # \_\_\_\_\_ Money Order: \_\_\_\_\_ Amount: \_\_\_\_\_

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I state under oath that by signing below, all the aforementioned statements in this Application including the Affidavit of Compliance, are true, and I understand that according to New York Law it is perjury to make false statements to a municipality.

**Please Note-New York State Penal Law 210.45:** It is a Class A Misdemeanor for a person to knowingly offer a false instrument for filing, knowing that a written instrument contains a false statement or false information, and representing said instrument to a public office or public servant with the knowledge or belief that it will be filed with, registered or recorded in or otherwise become a part of the records of such public office or public servant.

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#### This Application Must Be Notarized

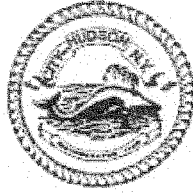
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Relationship of Signatory to Owner: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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Notary Public



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### Multiple-Dwelling Rental Registry Application

### Affidavit of Compliance

By affixing my signature and initialing the requirements of the City of Hudson Property Conservation Code and New York State Uniform Fire Prevention and Building Code listed below, I, \_\_\_\_\_, being duly sworn, deposes and states:

The property located at \_\_\_\_\_, in the City of Hudson, in the County of Columbia, In the State of New York is in substantial compliance with the City of Hudson Code and New York State Uniform Fire Prevention and Building Code regarding but not limited to, the smoke alarm and carbon monoxide detector, interior, and exterior requirements:

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#### Section I. A. Smoke Alarms

I state under oath that this property is substantially in compliance with the City of Hudson Code and New York State Uniform Fire Prevention and Building Code regarding, but not limited to, the following smoke alarm requirements:

\_\_\_ Each room used for sleeping purposes contains a smoke alarm.

\_\_\_ The ceiling or wall in immediate vicinity outside each separate sleeping contains a smoke alarm.

\_\_\_ There is a smoke alarm on each story of the dwelling unit, including the basement. *(This does not include crawl spaces and uninhabitable attic spaces.)*

\_\_\_ In dwellings or dwelling units with split levels and without doors between the adjacent levels, a smoke alarm is installed on the upper levels, provided that the adjacent lower level is less than one full story below the upper level.

#### B. Carbon Monoxide Detectors

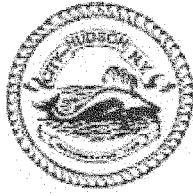
I state under oath that this property is substantially in compliance with the City of Hudson Code and New York State Uniform Fire Prevention and Building Code regarding, but not limited to, the following carbon monoxide detector requirements:

\_\_\_ Where the property was constructed before January 1, 2008, there is a carbon monoxide detector within each dwelling unit or sleeping unit, on the lowest story having a sleeping area.

\_\_\_ Where the property was constructed after January 1, 2008, there is a carbon monoxide detector within each dwelling unit or sleeping unit, on the lowest story having a sleeping area, AND there is a carbon monoxide detector within each dwelling unit or sleeping unit, on each story where there is a carbon monoxide source. A carbon monoxide source includes all fuel fired and solid fuel burning appliances, equipment, devices, and systems; fireplaces; garages; all motor vehicle related occupancies; and all appliances, equipment, devices, and systems that may emit carbon monoxide.

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**Application Continues on the Next Page**



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### Affidavit of Compliance-page 2

#### Section II. Exterior of the Dwelling

I state under oath that this property is substantially in compliance with the City of Hudson Code and New York State Uniform Fire Prevention and Building Code regarding the exterior of the dwelling, including, but not limited to the following exterior areas and structures named:

\_\_\_ All foundation walls of buildings/structures, exterior stairs, porches and railings are in good repair and structurally sound (i.e. free of holes, cracks, and capable of supporting imposed loads).

\_\_\_ All exterior walls, roofs, and all openings around doors, windows, chimneys, and all other parts of the structure are weather proof and weather tight, (i.e. keep water from entering the structure and prevent undue heat loss) and there are no parts of the structure that show evidence of wet/dry rot or other deterioration.

\_\_\_ All exterior wood surfaces have a protective coating to prevent deterioration.

\_\_\_ All structures/buildings are free of loose overhanging objects. All exterior walls, roofs, and other parts of the structure are free from loose and unsecured objects and materials.

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#### Section III. Interior of Dwelling

I state under oath that this property is substantially in compliance with the City of Hudson Code and New York State Uniform Fire Prevention and Building Code in the interior of the dwelling, including, but not limited to, appliances and other interior structures:

\_\_\_ In the area of the cellar/basement: the furnace, hot water tank, venting, gas shut off, drip tube, and basement stairs are structurally sound, free from defects and deterioration, in a clean and sanitary condition, and function for which they were designed and are used.

\_\_\_ In the area of the kitchen: ceilings, floors, cabinets, stove, refrigerator, hood/fan, sink, faucet, trap, electrical outlets, switches, and lights are structurally sound, free from defects and deterioration, in a clean and sanitary condition, and function for which they were designed and are used.

\_\_\_ In the areas of the living room, dining room, family room, and halls: walls, ceilings, floors, windows, doors, electrical outlets, switches, and lights are structurally sound, free from defects and deterioration, in a clean and sanitary condition, and function for which they were designed and are used.

\_\_\_ In the area of all bathrooms: the walls, ceilings, floors, shower, bath, toilet, vent, fan, sink, faucets, traps, electrical outlets, switches, and lights are structurally sound, free from defects and deterioration, in a clean and sanitary condition, and function for which they were designed and are used.

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#### Furthermore, I state under oath that:

\_\_\_ The water bills and real property taxes are current (neither in arrears nor delinquent) on this property.

\_\_\_ There are no uncorrected code violations on this property.

\_\_\_ If I require an inspection by the Code Enforcement Office on this property, I understand that I am required to call the City of Hudson Code Enforcement Office to make an appointment for inspection.

\_\_\_ There are no pending Nuisance Abatement Proceedings or orders of closure on this property.