

City of Middletown, New York

Application for Multiple Family Dwelling Rental Permit

- Owner is **REQUIRED** to provide the City of Middletown with the name of the owner's Insurance Company, insurance agent and policy number
- Owner is **REQUIRED** to provide the City of Middletown with a copy of their picture identification (driver's license, passport...)
- Owner is **REQUIRED** to provide the City of Middletown with a copy of Insurance for any Dog **OVER** 30lbs on premises
- Owner is **REQUIRED** to provide the City of Middletown with the name, address and phone number of the Managing Agent/Operator* of the property listed below
- Owner must comply with all other permit requirements of the City of Middletown Housing Code 296
- Fee **\$100.00 per building + \$10.00 per unit**, check made payable to the City of Middletown

Location of Dwelling: _____

How Many Buildings: _____ How Many Units: _____

Owner/Responsible Party: _____

Do Not List Business or Corporation Name

Business Name/Corporation Name: _____

Owner Address: _____

Owner Phone #: _____

Owner Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Is there a Dog/(s) on the premises? Yes or No If yes, how many? _____ If answering yes to this question, please submit a valid rabies certificate regardless of size of dog/s.

Is the Dog/(s) over 30lbs? Yes or No

Is Insurance on file? Yes or No

Name of Managing Agent/Operator: _____

Address of Managing Agent/Operator: _____

Phone Number of Managing Agent/Operator: _____

*Please note: the Managing Agent/Operator must either be the property owner, provided the owner lives in the City of Middletown or lives within a 10 mile radius of the City; or a responsible person over the age of 21 who lives in the City of Middletown or within a 10 mile radius of the City; or a responsible person over the age of 21 who resides onsite the subject premises. Refer to City Code 296-31 for more details.

*Please note: A new inspection and permit are required with each change of tenant.

Signature: _____ Date: _____