

VILLAGE OF BROCKPORT 2025-2026 RESIDENTIAL RENTAL REGISTRATION APPLICATION

<p>DUE: September 15, 2025 Annual Renewal Residential Rental Registration: \$125 per bldg. Payment August 1st - September 1st: \$100 per bldg. Pay after September 15th: \$200 per bldg.</p>	<p>FEE: *Initial Residential Rental Registration \$500.00 \$125 per building/per year thereafter. <i>per Brockport Village Code Ch. 18-4;</i> Cash/Checks: payable to Village of Brockport.</p>
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After November 1st, unpaid fees will result in the revocation of the Certificate of Occupancy. A "Not To Be Occupied" placard will be posted on the structure. No Certificate of Occupancy to be issued until property is reinspected. All fees apply.

****NEW in 2024- MUST PROVIDE LIABILITY INSURANCE per Village code, Chapter 18.4.2(d) Proof of liability insurance specific to the rental property.****

► Property Owners are responsible to submit registration. Registration applications are **not** transferable. Residential Rental Registration Application changes must be submitted by the owner within 90 days of such change. Per local law Chapter 18-4.

RENTAL PROPERTY ADDRESS: _____

CLASSIFICATION: Single Family (210) 2-Family (220) 3-Family (230)
 Combo–stores/offices/apts (ex: 483, 481, 415, 465)
 Apartments (411) Rooming House (418) Other _____

Office Stamp

COMPLETE FOR EACH DWELLING UNIT: (each apartment is one dwelling unit; a rooming house is one dwelling unit): Village of Brockport Zoning Code 18 defines *family*. **Maximum allowed number of unrelated tenants is 3 with the exception of boarding and rooming houses.** By signing this application, you agree that the CEO may take photos of any portion of the premises.

Dwelling Unit Name (i.e. "A", "24", "Upper Front")	Total Number of Tenants Occupying this Unit	Are tenants of this unit related to each other?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

	LEGAL OWNER #1	LEGAL OWNER #2	Local Property Manager/Agent: <i>(Required if owner is a corporation or resides more than 50 miles from the Village boundaries.)</i>
Name: <i>(Include Contact Name if owner is LLC)</i>			
Property owner address: City/State/Zip:			
PO Box: City/State/Zip:			
Phone Number:			
E-Mail:	[]cell []home []work	[]cell []home []work	[]cell []home []work

More than 12 units per facility are exempt from the registration fee but must submit registration.

APPLICANT / OWNER CERTIFICATION OF STATEMENTS:

The applicant(s) hereby affirm(s) under penalty of law that the above information is accurate and complete, to the best of his/her knowledge and he/she/they is/are the title owner(s) of the property or has/have been authorized by the title owner(s) to make this application.

Applicant/owner signature: _____ Date: _____