

Mayor  
MICHAEL G. MCGINTY

Deputy Mayor  
MATTHEW G. GRACI



Trustees  
IRENE P. NAUDUS  
BARBARA A. VOLPE-RIED  
ROBERT O. TICE

Village Clerk  
CLAUDIA ARMENDINGER

127 LONG BEACH ROAD  
ISLAND PARK, NEW YORK 11558  
Tel: 431-0600 Fax: 431-0436

## **RENTAL OCCUPANCY PERMIT RENEWAL**

**LANDLORDS ADDRESS:**

**IF DIFFERENT THAN RENTAL:**

**EXPIRATION DATE: 12/31/2024**

1. OWNER: \_\_\_\_\_
2. PHONE #: (    ) \_\_\_\_\_
3. RENTAL PROPERTY ADDRESS: \_\_\_\_\_
4. REGISTRY PERIOD: **1/1/2024 – 12/31/2024**
5. REGISTRY FEE: **\$200 PER UNIT** (CASH/CHECK PAYABLE TO THE VILLAGE OF ISLAND PARK)  
Renewal application **due on or before February 15, 2024**. Application not received by due date will be subject to a **\$50.00 per month late fee**.
6. SANDY RESTORATION #: \_\_\_\_\_
7. NO. OF RENTAL UNITS: \_\_\_\_\_

*PLEASE PROVIDE AN UPDATED LIST OF THE CURRENT OCCUPANTS IN THE SPACE PROVIDED BELOW.*

UNIT 1: \_\_\_\_\_

UNIT 2: \_\_\_\_\_

(ATTACH A SEPARATE SHEET IF MORE APPLY)

*PLEASE MAKE ANY APPLICABLE CHANGES IN THE SPACE PROVIDED BELOW.*

**CHANGE TO:**

- |                           |                            |
|---------------------------|----------------------------|
| 1. OWNER: _____           | 4. AUTHORIZED AGENT: _____ |
| 2. OWNER'S PHONE #: _____ | 5. AGENT'S PHONE #: _____  |
| 3. OWNER'S ADDRESS: _____ | 6. AGENT'S ADDRESS: _____  |
| _____                     | _____                      |

*PLEASE KINDLY SIGN AND DATE BELOW, AND SUBMIT THIS RENEWAL FORM BACK TO THE INCORPORATED VILLAGE OF ISLAND PARK, ALONG WITH THE REQUIRED REGISTRY FEE.*

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**AFFIDAVIT OF COMPLIANCE WITH  
SMOKE AND CARBON MONOXIDE DETECTOR REQUIREMENTS**

STATE OF NEW YORK    )

COUNTY OF NASSAU    )

The undersigned, being duly sworn, depose and say under penalty of perjury that they are the current property owner(s) of the real property located at:

\_\_\_\_\_, Island Park, New York, 11558,  
**Street Address**

Identified also as, Section **43** /Block \_\_\_\_\_/Lot(s) \_\_\_\_\_ (the Premises);

That the premises is a one or more family dwelling, and that installed in the Premises are approved and operational smoke detecting devices and carbon monoxide detecting devices in compliance with the provisions of **Chapter 3, Sections R314 and R315 of the International Residential Code concerning smoke alarms and carbon alarms.**

These statements are made with the knowledge that a willfully false representation is unlawful and is punishable as a crime of perjury under Article 210 of the Penal Law of the State of New York.

\_\_\_\_\_  
**Name of Property Owner (Print)**

\_\_\_\_\_  
**Name of Property Owner (Print)**

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Signature of Owner**

Sworn to before me this

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

\_\_\_\_\_  
Notary Public