



DEPARTMENT OF BUILDING STANDARDS AND CODES

# VILLAGE OF NEW PALTZ

25 Plattekill Avenue, New Paltz, NY 12561

Ph: (845) 255-0130 | Fax: (845) 255-5103

Email: [building@villageofnewpaltz.org](mailto:building@villageofnewpaltz.org)

**Property Location:**

**SBL#:**

# of Units \_\_\_\_\_ # of bedrooms \_\_\_\_\_ # occupants per bedroom \_\_\_\_\_ # of Vehicles \_\_\_\_\_

**Property Owner:**

Name \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone(s) Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_

**Property Manager/Agent (must live within 15 air miles of the property):**

Name \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone(s) Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_

Pursuant to Chapter 129-7(F) of the Code of the Village of New Paltz, I hereby affirm that I have available for inspection the names, addresses and contact information for each tenant and subtenant occupying each of the dwelling units enumerated above.

Signature \_\_\_\_\_ (Property Owner or Manager)

----- Below this line for Building Department Use ONLY -----

Fee Paid \$ \_\_\_\_\_ [ ] Cash [ ] Check # \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspected by: \_\_\_\_\_ on \_\_\_\_\_ [ ] Pass [ ] Fail

Reinspected by: \_\_\_\_\_ on \_\_\_\_\_ [ ] Pass [ ] Fail