



VILLAGE OF WAPPINGERS FALLS
 Office of Building, Planning & Zoning
 Office of Code Enforcement / Office of the Fire Inspector
 2582 South Avenue, Wappingers Falls, NY 12590
 Phone: (845)297-5277 fax: (845)296-0379
 E-mail: bmurphy@wappingersfallsny.gov
www.wappingersfallsny.gov

RENTAL REGISTRY INSPECTION APPLICATION

Property Owner / Building Information

Property Address: _____

Single Family _____ Two Family _____

Is this property Owner/Family occupied? Yes No (if yes, please contact this office prior to scheduled inspection)

Owner Name: _____

Telephone: _____ E-mail: _____

Legal address of Owner: _____

City, State & Zip Code: _____

Designation of Agent: (If the owner does not reside in the Village or within a radius of 25 miles of the premises, a local agent must be designated that can be reach day or night).

Names: _____

Address: _____

City, State & Zip Code: _____

Telephone Numbers: Home (____) _____ Cellphone (____) _____

Work (____) _____ E-mail Address _____

I hereby certify that the foregoing information (and all information in attached sheets, if any) is true and complete.

 Name and Title of person signing Application

 Name and Signature of Owner

 Date

Zoning Department Use Only

[] Fee Amount: _____ Receipt #: _____ Date Paid: _____ Cash./Check# _____ Inspection Date: _____

Inspector: _____ Re-inspection Date: _____ Closed Date: _____

Return this form by mail or in person to: **Office of Building, Planning & Zoning – 2582 South Avenue, Wappingers Falls NY 12590**
Fax: (845) 296-0379 Email: cbrosco@wappingersfallsny.gov

