



**TOWN OF ISLIP**  
**Public Safety Enforcement**  
**Code Enforcement Division**

28 Nassau Avenue, Islip NY 11751  
**Phone (631) 224-5477**  
**Fax (631) 224-5458**  
**fireprevention@townofislip-ny.gov**

**Multiple Dwelling Rental Permit Application**

**\*\*Important-Please be advised that by submitting the within application to the Town of Islip for the requested purpose, you, as the applicant, acknowledge and agree that a modification or addition may be made to your Certificate of Occupancy/Compliance. No further notice of any resultant modification or addition shall be required.**

**Permits Requested: (Check One)**                      Multiple Residence                      Commercial Residence (Mixed Use Building)  
 Number of Units: \_\_\_\_\_                      Number of Units: \_\_\_\_\_

**Fee as Follows:** 1-10 units \$250; \$25 each additional unit

**1. PROPERTY OWNER (Please Print):**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

**2. PERMITTED PROPERTY LOCATION (Please Print):**

Business Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

**3. BUSINESS OWNER INFORMATION (Please Print):**

**Type of Organization:**

**Corporation                      Check if Partnership**

Corporation Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Partner #2 Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

**Sole Proprietor**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

D/B/A: \_\_\_\_\_

**\*\*For Office Use Only\*\***

Tax Map No: \_\_\_\_\_ Approved by: \_\_\_\_\_

Fee: \_\_\_\_\_ Receipt: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**AFFIRMATIONS:**

I swear that this application is true and complete statement of the proposed use or process on the described locations or described persons or businesses. I understand that any false statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the NYS penal Law.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

SWORN BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

\_\_\_\_\_  
 SIGNATURE OF OWNER

SWORN BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

**Permit Requirements:**

- Application form completed, signed and by all parties.
- Copy of Certificate of Occupancy or Compliance.
- Provide copy of a floor plan to scale or provide measurements. (Sample below)

**\*\*MAKE CHECKS PAYABLE TO THE TOWN OF ISLIP**

Form FPB-1