

DEAR PROPERTY OWNER: Please complete form in ink. Please print. The contact provided on this form will be the recipient of all correspondence from the City of Oneonta. Please return the form to the Code Enforcement Office, 258 Main Street, Oneonta, NY 13820.

Property Use Certification



Property Address: _____

Tax Map Number: _____

Transfer Date: _____

Check all uses that apply

<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Residential Rental	<input type="checkbox"/> Commercial	<input type="checkbox"/> Vacant
---	---	-------------------------------------	---------------------------------

PART I
OWNER(S):

Property Owner's Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____

Email Address: _____

Owner's Signature: _____ Date: _____

Please note that the contact information provided above will be used for any correspondence from this office.

PART II

(Complete Part I and Part II if there is any Commercial Use at the Property)

1. Is this property vacant? Yes _____ No _____
2. Number of businesses located at property: _____
3. Briefly describe the nature of any commercial uses occurring at the property:

PART III

(See Reverse Side and complete if this Property has any Residential Rental Use)

Classification	Check if used as Habitable Space	Number of Stories with Habitable Space	Number of Dwelling Units Located at Property
<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multiple Dwelling <input type="checkbox"/> Vacant	<input type="checkbox"/> Attic <input type="checkbox"/> Basement <input type="checkbox"/> Neither	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or More If more than 3: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or More If more than 3: _____

Complete For Each Dwelling Unit: A building or portion thereof providing complete housekeeping facilities for one family, including equipment for cooking, living and sleeping purposes and provisions for the same.

Dwelling Unit Name (i.e. "A", "4", "Upper Rear")	Number of Bedrooms located in this Dwelling Unit	Total Number of Tenants Occupying this Dwelling Unit	Are Tenants of this Dwelling Unit a Family*

* One of the following: A. A single person. B. Two or more people, related by blood, marriage, or legal adoption, occupying a single dwelling unit. C. Two or three people, not necessarily related by blood, marriage or legal adoption, occupying a single dwelling unit. D. Four or more people occupying a single dwelling unit and living together as a functional family unit.

	Legal Owner #1	Legal Owner #2	Local Property Manager/Agent (If required by Section 158-58b)
Name			
Address			
City/State/Zip			
Phone			
E-Mail			

(For additional Owners or Dwelling Units, please indicate above information on separate sheet.)

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: _____