



APPLICATION FOR **RENTAL PROPERTY**
PERMIT
 TOWN OF GREECE TECHNICAL SERVICES
 1 Vince Tofany Blvd,
 Greece, NY 14612
 (585) 723-2443

Property Address: _____

of Dwelling Units: _____

Date: _____

Owner Information:

Name: _____

Address: _____

Primary Telephone Number: _____

Secondary Telephone Number: _____

Email: _____

Business Information:

Name: _____

Address: _____

Primary Telephone Number: _____

Secondary Telephone Number: _____

Email: _____

Property Manager Information:

Name: _____

Address: _____

Primary Telephone Number: _____

Secondary Telephone Number: _____

Email: _____

This permit expires **90 days** from the date of issuance. The Applicant or owner agrees to comply with all applicable laws, regulations and conditions expressed on the application. In addition, the owner will allow the Building Inspector (or authorized representative) to enter the premises for any required inspections.

Owner Signature: _____

For Official Use Only

Permit Review

Received by _____

Reviewed by _____

Date Reviewed: _____

Permit Package Check List

Floor Plan _____

Proper Identification _____

ORPS Screen _____

Permit Fees

Base Fee \$150.00

Additional Tenant Units () x \$10 = _____

TOTAL PERMIT FEES \$ _____