

MULTI FAMILY STATEMENT OF REGISTRY / Village of Walden
OFFICE OF THE BUILDING INSPECTOR

LOCATION OF DWELLING: Street & No. _____

OWNER/COMPANY NAME: _____

ADDRESS: _____

SECTION _____ BLOCK _____ LOT _____

PHONE #: _____ CELLULAR #: _____

FACSIMILE NO: _____

E-MAIL ADDRESS: _____

SIGNATURE OF OWNER _____

**** Information for person maintaining the property (Managing Agent, Operator of Rental Property, or a person over 21 years old)**

THIS PERSON MUST RESIDE IN ORANGE COUNTY.

**** NAME:** _____

MAILING ADDRESS: _____

PHONE #: _____ CELLULAR #: _____

E-MAIL ADDRESS: _____

SIGNATURE OF MANAGING AGENT _____

FEES:

NUMBER OF BUILDINGS ON SITE: _____
(\$25.00 Fee per Building)

NUMBER OF UNITS WITHIN EACH BUILDING: _____
(\$10.00 Fee per Unit)

TOTAL DUE: _____

- PLEASE REMIT TO THE BUILDING DEPARTMENT ALONG WITH THE APPROPRIATE PAYMENT MADE PAYABLE TO: VILLAGE OF WALDEN, ONE MUNICIPAL SQUARE, WALDEN, NY 12586

BUILDING(S) INFORMATION:

1. Type of Construction (Frame, Brick, Stucco, Etc) _____
2. Number and Size of Apartments: _____
3. Number of Kitchen(s): _____
4. Number of Bathroom(s): _____
5. Number of Bedroom(s): _____
6. Number of Electric Service(s): _____
7. Type & Number of Heating Unit(s): _____
8. Number of Stories: _____
9. Have Any Variances been granted to the Property (yes/no): _____
10. Number of Water Service(s): _____
11. Number of Accessory Building(s): _____

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE WILLFUL MAKING OF FALSE STATEMENTS OF MATERIAL FACT HEREIN WILL SUBJECT ME TO THE PROVISIONS OF LAW RELEVANT TO THE MAKING AND FILING OF FALSE INSTRUMENTS AND SHALL CONSITUTE A VIOLATION OF CHAPTER 221.

OWNER/MANAGING AGENT/OPERATOR

SWORN BEFORE ME THIS _____ DAY OF _____, 20__

NOTARY PUBLIC