

**City of Middletown, New York  
application for multiple family dwelling permit**

**OWNER IS REQUIRED TO PROVIDE PICTURE IDENTIFICATION**

**Location of Dwelling:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**IF IN CORPORATION NAME PRINT OWNERS NAME:**

\_\_\_\_\_

**Owner Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Owner Phone #:** \_\_\_\_\_

**Number of buildings:** \_\_\_\_\_

**Number of apts.:** \_\_\_\_\_

**Number of Rooming Units:** \_\_\_\_\_ (Rooming House ONLY)

**Name and phone number of person to contact in case of**

**emergency:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_