

Steven T. Noble
Mayor

Stephan Knox
Director

CITY OF KINGSTON
Building Safety & Zoning Enforcement
5 Garraghan Drive, Kingston, NY 12401
Phone (845) 331-1217 Fax (845) 331-1224 buildings@kingston-ny.gov



Rental Property De-Registration Form

Date _____

Rental Property Address _____ Parcel ID # _____

Reason for deregistration _____

of units in building _____ Units being deregistered _____

OWNER(S) INFORMATION

Name _____

Address _____

Officers Names (If Corp. or LLC) _____

Phone _____ Email _____

I, _____, hereby make request on this date _____ to the City of Kingston Department of Building Safety & Zoning Enforcement to de-register my rental property located at _____. This rental property has _____ housing units. I understand that by de-registering this property as a rental the property loses its status as a rental property within the municipality, and should I wish to rent this property in the future I will need to complete the required applications and inspections prior to renting the property. Furthermore, I understand that should the Department of Building Safety & Zoning Enforcement find that I am renting the property without a required Rental License/Operating Permit, that I will be subject to fines and/or fees as defined in the City of Kingston Rental Property Ordinance Chapter 332. I further authorize that any City of Kingston official may contact me with any questions or concerns regarding this property by using the contact information provided in this form.

X _____
Signature of Property Owner

Date

SWORN AND SUBSCRIBED before me

This _____ day of _____, 20 _____

Notary Public

Commission Expiration Date _____

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OFFICIAL USE ONLY

Date Received _____

Approved _____

Denied _____

Reviewer _____

Date _____

Reason for denial _____
