



CITY OF PORT JERVIS
BUILDING DEPARTMENT
14-20 HAMMOND STREET
P.O. BOX 1002
PORT JERVIS, NEW YORK 12771
TELEPHONE: (845) 858-4080
FAX: (845) 856-6913

OWNERS REGISTRATION FORM Single Dwelling

Address of Building: _____

Building Owners Name: _____

Address and Telephone Number: _____

Name of City of Port Jervis Resident Agent or Residing Superintendent: _____

Address and Telephone Number of Agent or Superintendent: _____

(Check One) Is building heated by: Gas _____ Oil _____ Electric _____

If building owner is a corporation or non-resident; list name, address and telephone number of the officer for the corporation or of the individual that is authorized to accept service of notice and process on behalf of the corporation or non-resident owner.

Name: _____

Address and Telephone Number: _____

NOTE: 430-4 of the Port Jervis City Code of Ordinance requires: any change of ownership, managing agent, or oil supplier shall necessitate a new filing with the building department and posting of amended identification form on the premises within ten (10) days after such change.