



# CITY OF ITHACA

108 East Green Street Ithaca, New York 14850-5690

BUILDING DIVISION – 4<sup>TH</sup> Floor

Telephone: 607 274-6508 Fax: 607 274-6521

## Agency Agreement

This is an authorization form for managing a property on behalf of an owner. The City of Ithaca requires property owners who do not reside in Tompkins County or one of its six contiguous counties to file an agency agreement with the Building Division. Please note the following requirements for HC 210-81:

- **The property owner may not designate a residential tenant as the agent, except where such designation is contained in an employment agreement. This agreement cannot be contained in a lease agreement.**
- **The agent must be a resident of or maintain a principal place of business in Tompkins County.**
- **The property owner shall be responsible for informing this Division in writing of changes to the owners' and agents' addresses and telephone numbers.**
- **The names and telephone numbers of the owner and the agent of the premises shall be placed in a prominent location inside or outside the structure. Such information shall be placed on a card no smaller than three inches by five inches (3"x5"). The information card shall be protected from the weather and the information on it shall be legible at all times.**

I \_\_\_\_\_ am the owner of the property  
(print full name, initials will not be accepted)  
 located at \_\_\_\_\_, in the City of Ithaca, New York.  
(attach additional sheets, if needed)

*I have employed the agent/agency and its employees listed below to handle the responsibilities described below for the above/attached listed address(es):*

\_\_\_\_\_  
(Agent / Agency)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fax #: \_\_\_\_\_

### The duties the agent/agency assumes are as follows:

- To receive in the name of the owner such notices and or services of process as may be sent by the City to the property owner.
- To monitor the condition of the premises to insure the property is maintained in a manner consistent with City ordinances including, but not limited to: adherence to exterior property maintenance standards.
- To make or cause to be made: repairs, alterations, or to assist the owner in bringing the property into compliance with applicable city ordinances including, but not limited to; building, housing, fire and zoning codes.
- To schedule and conduct City-required inspections with City inspectors.

( over —————> )

**Please note it is the Building Division's policy not to enter a tenant's space without the owner/agent notifying the tenant at least 24 hours in advance.**

**This agreement shall be in effect until the Building Division receives notice in writing that the above agent/agency is no longer the agent for the above/attached property(ies).**

\_\_\_\_\_  
(Owner's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fax #: \_\_\_\_\_

**OWNER**

*I am the owner of the premises in the City of Ithaca, New York described in this form. I have read and will comply with the information on the front of this form. I will notify the Building Division in writing of changes in owner / agent, addresses, and telephone information.*

***With my signature, I certify I have read and understand the above paragraph.***

\_\_\_\_\_  
( Signature of Owner )

\_\_\_\_\_  
( Date )

\_\_\_\_\_  
( Date of Birth )

**AGENT**

*I am the agent of the premises in the City of Ithaca, New York described in this form. I have read and will comply with the information on the front of this form. I understand that both the owner and I will be held accountable for violations that occur on the property(ies) including but not limited to: paying fines that may occur as a result of not complying with the City of Ithaca Exterior Property Maintenance and Housing Codes.*

***With my signature, I certify I have read and understand the above paragraph.***

\_\_\_\_\_  
( Signature of Agent )

\_\_\_\_\_  
( Date )

\_\_\_\_\_  
( Date of Birth )

Please return the completed form with original signatures to the Building Division.