

# SHORT-TERM RENTAL APPLICATION

PO Box 180, West Shokan 12494 / Building Department (845) 657-8118,  
Ext. 18

Permit # \_\_\_\_\_

## SHORT-TERM RENTAL APPLICATION AND CHECKLIST

<b>DATE:</b>	<b>FEE:</b> (NON-REFUNDABLE -Registration plus inspection)
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<b>APPLICANT INFORMATION</b>	<b>PROPERTY OWNER INFORMATION</b>
<b>Applicant</b> (if different from the owner):	<b>Property Owner's name:</b>
If an LLC provide the name person(s) authorized to sign on behalf of the LLC:	If an LLC provide the name person(s) authorized to sign on behalf of the LLC:
<b>Address:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Email:</b>	<b>Email:</b>
<b>Signature:</b>	<b>Signature:</b>

<b>HOST</b>	<b>Notes:</b>
Emergency Contact – to promptly manage emergencies	
<b>Name:</b>	
<b>Address:</b> (within a 30-mile radius of property)	
<b>Phone Number:</b>	
<b>Email:</b>	

## SHORT-TERM RENTAL PROPERTY INFORMATION

<b>1. Street Address</b> of proposed short-term rental unit: _____
<b>2. Fire Number:</b> _____
<b>3. Section/Block/Lot Number</b> (Tax map ID): _____
<b>4. Application Status:</b> New: _____ Renewal: _____ (If renewal please provide existing permit number)
<b>5. Status of the Short Term Rental</b> Grandfathered: _____ Proof: _____ Non-Grandfathered: _____ * Grandfathered requires proof of operation for the previous 1 year. <ul style="list-style-type: none"> <li>• Ulster County Department of Finance Certificate of Authority: _____</li> </ul>
<b>6. Residency</b> Owner Occupied: _____ 2 Proofs of Residency: _____ Non-Owner Occupied: _____ *Owner Occupied (Resident): A full-time occupant of the residence, that resides at the premises 184 or more days of the year. Non-Owner Occupied (non-resident) A part-time occupant of the residence that resides on the premises less than 184 days of the year. <ul style="list-style-type: none"> <li>• Two proof of residency addresses required: NYS driver's license, NYS ID, redacted tax filing, utility bill, recent pay stub, bank statement, voter registration card (all must contain residency mailing address)</li> </ul>
<b>7. Rental Information</b> Property is Rented In Part: _____ Property is Rented In Whole: _____ *Rented in Part - an STR in a primary residence that is being occupied in part by the owner and in part by STR guest(s), simultaneously. Rented in Whole - an STR in a dwelling unit that is being occupied entirely by STR guest(s) for a rental duration.
<b>8. Type of Short-Term Rental</b> (please circle the right type) A. Single Family B. Detached dwelling unit C-Multi-Family                      Total number of units in building _____ <ul style="list-style-type: none"> <li>• Include complete building layout of all floors/units of entire building.</li> <li>• Label all short-term rentals!</li> </ul> *Properties with 3 or more multi-family units are prohibited without prior town board approval.
<b>9. Occupancy</b> Number of Bedrooms: _____ Number of Bathrooms: _____ Maximum Occupancy: _____ *The maximum occupancy will be determined by the Safety Inspector.
<b>10. Number of off-street parking:</b> _____

<b>11. Utilities:</b> Wastewater System: Septic _____ Sewer _____ Water: <ul style="list-style-type: none"> <li>• Copy of Fecal Coliform Water Test: _____</li> </ul> (Must be completed 30 days prior of after date of application!)  *Water and wastewater systems are the sole responsibility of the property owner!	
<b>12. Hosting Platform Info:</b>	
<b>13. Copy of House Rules: _____</b>  <ul style="list-style-type: none"> <li>• Includes; emergency exit plan and 911 info, emergency contact info of host, location of fire extinguishers, map of property lines, procedure for garbage disposal, wastewater instructions, safety instructions for fireplaces, woodstoves, firepits, etc. and no excessive noise or bonfires.</li> </ul>	
I give the Building Department permission to inspect my property and affirm all provided information to be accurate and true:  _____ Signature of Owner  _____ Date	This application was Approved/Denied by  _____ Signature of the Building Inspector/ CEO  _____ Date

**Acknowledgement Form**

State of \_\_\_\_\_ )

)ss.:

County of \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Public \_\_\_\_\_ Notary