## SHORT-TERM RENTAL APPLICATION

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

SHORT-TERM RENTAL APPLICATION AND CHECKLIST		
DATE:	FEE:	
YOU MUST SCHEDULE YOUR INSPECTION WITHIN 30 DAYS OF THE APPLICATION'S DATE! YOU CAN EMAIL TO <a href="mailto:empirehomeinspector@gmail.com">empirehomeinspector@gmail.com</a> TO SCHEDULE AN INSPECTION!	(NON-REFUNDABLE -Registration plus inspection)  OFFICE USE ONLY	
APPLICANT INFORMATION	PROPERTY OWNER INFORMATION	
Applicant (if different from the owner):	Property Owner's name:	
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:	
Address:	Mailing Address:	
Phone Number:	Phone Number:	
Email:	Email:	
Signature:	Signature:	
HOST Emergency Contact – to promptly manage emergencies	SECONDARY HOST	
Name:	Name:	
Address: (within a 30-mile radius of property)	Address: (within a 30-mile radius of property)	
Phone Number:	Phone Number:	
Email:	Email:	
Notes:		
SHORT-TERM RENTAL PROPERTY INFORMATION		

1.Street Address of proposed short-term rental unit:		
2. Fire Number:		
3. Section/Block/Lot Number (Tax map ID):		
4. Application Status:		
New: Renewal: (If renewal please provide existing permit number)		
5. Status of the Short Term Rental		
NEW: RENEWAL:		
6. Residency		
Owner Occupied: 2 Proofs of Residency: Non-Owner Occupied:		
It is the responsibility of the applicant to prove full time residency to the satisfaction of the town. The town reserves denial of the permit it's evaluation of residency.  We need 2 proofs of residency;		
1. Copy of a submitted Federal Tax Form W1040 (most recent one please, late filing will not be accepted)		
<ol> <li>Copy of any of the following documents;</li> <li>a. Copy of a Mortgage Interest Statement (Form 1098): If you have a mortgage, a copy of your Mortgage</li> </ol>		
<ul> <li>Interest Statement (Form 1098) can serve as proof of residence.</li> <li>b. Copy of a ledger: Applicants with more than one residence must provide adequate records showing that they were present in the Town of Olive for more than 184 days in the past year. This can include, but is not limited to, a ledger and/or transcript of expenditures, receipts, and/or credit card transactions, which indicate date and location.</li> <li>c. Proof of child's current enrollment with a local area school</li> </ul>		
7. Rental Information		
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.		
8. Type of Short-Term Rental (please circle the right type)		
A. Single Family B. Detached dwelling unit C-Multi-Family Total number of units in building		
<ul> <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.		
9. Occupancy Number of Bedrooms: Number of Bathrooms: Maximum Occupancy: *The maximum occupancy will be determined by the safety Inspector.		
10. Number of off-street parking:		

11.Utilities: Wastewater System: Septic Sewer	
Water:	
<ul> <li>Copy of Fecal Coliform Water Test:</li> <li>(Must be completed 30 days prior or 30 days after the date of the</li> </ul>	application!)
(Must be completed 30 days prior or 30 days after the date of the	application:)
*Water and wastewater systems are the sole responsibility of the	property owner!
12. Hosting Platform Info:	
40 Occupatillaria Bulana	
13. Copy of House Rules:	
<ul> <li>Includes; emergency exit plan and 911 info, emergency of property lines, procedure for garbage disposal, was woodstoves, firepits, etc. and no excessive noise or bont</li> </ul>	tewater instructions, safety instructions for fireplaces,
I give the Building Department permission to inspect my	This application was Approved/Denied by
property and affirm all provided information to be accurate and true:	The state of the s
	Signature of the Building Inspector/ CEO
Signature of Owner	olgratare of the Danamy meposter 220
	 Date
Date	Date
Acknowledgeme	nt Form
State of)	
\oo :	
)ss.: County of)	
,	
On theday 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 acknowle	dged to me that he/she/they executed the
same in his/her/their capacity(ies), and that by his/her/t	·
individual(s), or the person upon behalf of which the inc	• , ,
individual(s), or the person upon behalf of which the life	dividual(s) acted, executed the institution.
Notary	Public