

SHORT-TERM RENTAL APPLICATION

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

Permit # _____

SHORT-TERM RENTAL APPLICATION AND CHECKLIST

DATE:	FEE:
YOU MUST SCHEDULE YOUR INSPECTION WITHIN 60 DAYS OF THE APPLICATION'S APPROVAL DATE! YOU WILL RECEIVE AN EMAIL FROM US TO INFORM YOU ABOUT YOUR APPROVAL'S DATE. Application's will not be accepted after the deadlines!	(NON-REFUNDABLE -Registration plus inspection)
	OFFICE USE ONLY
APPLICANT 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	
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**

Grandfathered: _____ Proof: _____ Non-Grandfathered: _____

* Grandfathered requires proof of operation for the previous 1 year.

- Ulster County Department of Finance Certificate of Authority: _____

6. **Residency**

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. 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.

- Two proof of residency addresses required:
 1. Copy of a submitted Federal Tax Form W1040 (most recent one)
 2. copy any of the following documents; valid NYS driver license or ID card, current pay stub, valid Ulster County Residency Certificate, voter registration card, and bank statement with a mailing address on it)

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 _____

- Include complete building layout of all floors/units of entire building.
- Label all short-term rentals!

*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 style="list-style-type: none"> • Copy of Fecal Coliform Water Test: _____ (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:	
13. Copy of House Rules: _____ <ul style="list-style-type: none"> • 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. 	
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 _____)

County of _____)ss.:

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.

_____ Notary Public