



PO Box 180, West Shokan, NY 12494 / Building Department  
 (845) 657-8118, Ext. 3  
 olivebuildingzoning@gmail.com

# SHORT-TERM RENTAL APPLICATION

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

**DATE:**

**YOU MUST SCHEDULE AN INSPECTION WITHIN 14 DAYS OF YOUR APPROVAL DATE!  
 YOU MUST COMPLETE YOUR INSPECTION WITHIN 60 DAYS OF THE APPLICATION'S APPROVAL DATE! YOU CAN EMAIL TO [EMPIREHOMEINSPECTOR@GMAIL.COM](mailto:EMPIREHOMEINSPECTOR@GMAIL.COM) TO SCHEDULE AN INSPECTION!  
 FAILURE TO COMPLY WITH THE APPLICATION AND INSPECTION TIMELINES MAY RESULT IN THE FORFEITURE OF BOTH APPLICATION AND INSPECTION FEES.**

**FEE:  
 (NON-REFUNDABLE -Registration+ 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)
2. Copy of any of the following documents;
  - a. Copy of a Mortgage Interest Statement (Form 1098): If you have a mortgage, a copy of your Mortgage Interest Statement (Form 1098) can serve as proof of residence.
  - 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.
  - c. Proof of child's current enrollment with a local area school

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.

<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 or 30 days after the date of the 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 \_\_\_\_\_)

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