4 High Street
Saugerties, NY 12477



Tel: (845) 246-2800

Fax: (845) 246-0461

SHORT TERM RENTAL APPLICATION

SBL#:
Owner(s) of Property (no LLC's):
Owner's Mailing Address:
Owner's Number: ————————————————————————————————————
Owner's Email Address:
Address of Short-Term Rental (STR):
Of Bedrooms in STR (cannot be more than 5):
Of Bathrooms in STR:
Of Beds for Guests in STR:
How Many Guests Can the STR Sleep (CANNOT BE more than 10): *Please read the law, if you are over 5 bedrooms and/or 10 guests you are NOT AN STR.*
Emergency Contact for Property: (cannot be owner if owner does not live within 30mins of the property or live in NY)
Name:
Address: ———
Phone Number:
How Are You Renting the Property (Please Mark What Applies)
Single Family Residence (entire home rented)
Attached Apartment within Single Family Home (no bigger than 600sqft)
Attached/Detached Area Only (Garage Apt, Cottage, etc.)
Does property have a pool/spa (please mark all that pertain & all are permitted):
Above Ground ————
Inground
Hot Tub
Is the Property on Well/Septic or Municipal Water/Sewer (circle one)
Well report is attached Yes or No
Parking Plan Attached: yes or no
Pictures sunnlied: ves or no

Copy of valid Homeowner's Insurance provided: yes or no

Does the property have one of the following heat sources: (circle all that apply) Woodstove, propane stove, pellet stove, gas stove, kerosene stove, coal stove
- When was it last inspected and cleaned, provide paperwork.

Where is emerger	ncy information located:
	ability, I have filled this form out and provided all items and are required by The Town of Saugerties in regard to Local Law #2 term rentals.
Print name here	
Signature of owner	

BELOW THIS LINE IS FOR OFFICE USE ONLY

Date Applied: INSPECTOR:
Application #: Approval Date:
Fee Paid: \$ DENIED: Yes or No
Receipt#: (reason attached)

STR Permit #: