Town of Kirkwood
Building & Code Enforcement

Telephone: (607) 775-4313
Mailing Address: 70 Crescent Dr. Kirkwood, NY 13795
Location: 41 Frances St.
Fax: (607) 775-9924
bldgcode@townofkirkwood.gov

$150.00 check payable to: Town of Kirkwood Check #_____ dated _____

APPLICATION FOR PERMIT UNDER "SHORT-TERM RENTAL ORDINANCE OF THE TOWN OF KIRKWOOD, NEW YORK"

1. Name of Property Owner _____
2. Name of Applicant (if different from owner) _____
3. Address of Property _____ Tax map # of property _____
5. Applicant's Home Address _____
6. Applicant's Mailing Address (if different) _____
7. Applicant's telephone number(_____) _____
8. Approximate date of filing of assumed business name if applicable _____
9. Do you own the land which is to be used in connection with this activity? _____
   If not, state your nature of your right to use the property _____
   _____
10. Resident Manager or Property Management Service contact name(s) and telephone number(s):
    _____
11. Occupancy level _____ Source of water/sewer _____
    Garbage removal _____ Bed Tax #: _____ Proof of Insurance _____

At initial application, a floor plan showing ingress/egress for each bedroom shall be provided along with a plat of the property showing locations of buildings and parking, well and septic systems if not connected to public water and sewer. A set of house rules is to be provided and updated annually with any changes. The manner in which lawn maintenance and snow removal, as well as repairs to dwelling unit shall be maintained shall be provided and updated annually with any changes.

This application is made under the "Short-Term Rental Ordinance of the Town of Kirkwood, New York" duly adopted March 2026 by the Town of Kirkwood Board.

The undersigned agrees that if this permit is issued under said Ordinance that he/she will conduct the activity described above pursuant to the regulations set forth in said Ordinance and that upon failure to do so he/she understands that this permit may be revoked forthwith in accordance with the terms of said Ordinance.

_____
Print Name

_____
Applicant's Signature

Inspection date: _____

APPROVED DISAPPROVED

_____
Chad Moran, Building Inspector and CEO

Sworn to and signed to before me this _____ day of _____, _____.

_____
Notary Public