TOWN OF ANCRAM
PLANNING BOARD

1416 County Route 7
Ancram, NY 12502
Telephone (518) 329-6512 ext. 205
planningboard@ancramny.org

SHORT TERM RENTAL SPECIAL USE PERMITAPPLICATION

_____ Short Term Rental SUP _____ Renewal of Short Term Rental SUP

DATE_____

BUILDING DEPT. INSPECTION DATE _____

REFERRAL DATE _____

APPLICANT/PROPERTY OWNER
_____

ADDRESS _____

_____

_____

TELEPHONE _____

EMAIL _____

LOCATION OF PROPERTY_____
_____ ZONING DISTRICT_____

TAX MAP PARCEL NO. _____
DATE PROPERTY WAS PURCHASED_____

ACTION REQUESTED:

BREIF DESCRIPTION OF PROPERTY:_____

NAMES AND ADDRESSES OF ABUTTING PROPERTY OWNERS AND PROPERTY OWNERS WITHIN 500' (INCLUDE ATTACHMENT IF NECESSARY):

NORTH_____

SOUTH_____

EAST_____

WEST_____

REPRESENTED BY (If applicable) _____
(all parties who are not the owner must have a written letter of authorization from the owner)

ADDRESS_____

TELEPHONE_____ EMAIL_____

Are there any existing deed restrictions, easements, or right-of-way(s) on the property?_____if yes, please provide a copy to the planning board.

The Planning Board members may need to conduct a site visit(s) as part of the review process of this application. Please indicate yes____ no____ if you would like to be present during their visit. If you plan to be present, a separate meeting will be scheduled at the next regular Planning Board meeting to accommodate your needs. Upon signing this form, you are giving Planning Board members permission to access your property for the purpose of review of your application.

_____ _____

Applicant's Signature Date Owner's Signature Date