



Town of Wawarsing

SHORT TERM RENTAL (STR) PERMIT APPLICATION

☐ NEW ☐ RENEWAL ☐ UPDATE INFO

☐ FEES PAID DATE _____

Application Fee- \$750.00 per two (2) year term

(This fee includes two years of fire and safety fees during permit period)

Contact Information:

Property Owner Contact:

Owner's Name: _____ Home Phone: _____

If LLC, provide LLC papers with names and contact information of all people in the LLC. If corporation, provide names and contact information of the three (3) largest shareholders.

Street Address: _____ Cell Phone: _____

Mailing Address: _____ Email: _____

Management Company or Local 24-hour Contact if owner is not within 30 miles of the property:

Name: _____ Home Phone: _____

Street Address: _____ Cell Phone: _____

Mailing Address: _____ Email: _____

Is this owner occupied or non owner occupied? _____

Property Information:

STR Property Address _____

Section-Block-Lot: _____ Zoning District _____

Number of Acres: _____

Is the STR rented in part or rented in whole? _____

Is the water private or municipal? _____ Is it working properly? _____

Is the septic private or municipal? _____ Is it working properly? _____

Is this a single family home? YES NO If no, number of dwelling units: _____

Number of Bedrooms to be STR: _____ Maximum number of overnight guests: _____

*Please note that the term bedrooms does not include, living rooms, dens, family rooms, lofts, etc.

How many bathrooms are in the structure? _____

Number of Parking Spaces (one per bedroom plus 1) _____

What other structures are on the property? _____

Required Submittals:

■ Must provide to scale Site Plan that includes:

- All Existing Structures
- Parking Layout
- Location of well, septic and reserve field
- Garbage Location
- Property Boundaries

■ Floor Plan of Home

■ Garbage Removal Plan (Must be removed within a week and must be kept in an approved container)

■ Safety/Egress Plan – To be posted in rental unit on the back of each bedroom door with Emergency Contact information and 911 address

■ Self-Inspection Checklist

■ A copy of proof of registration of the STR with Ulster County

■ Must comply with all NYS Building Code, Fire and Safety Code and Property Maintenance Code

- Provide the name and URL's for all hosting or advertising platforms
- Provide proof of liability and property insurance at the time of application, and at any time as requested by the Town of Wawarsing Building Department

Notice: Only those structures and uses that have received a Certificate of Occupancy may be legally occupied pursuant to the Wawarsing Town Code. The issuance of a Short-Term Rental Certificate for a property does not mean that all structures, or portions thereof, on said property may be legally occupied. Please consult the Building Department as to any questions about open building permits and legal uses.

Under penalties of perjury, I declare that I have completed this application and to the best of my knowledge and belief it is true, correct and complete, and I further declare that I have authority to sign this application and that I am the owner of said property. I further acknowledge receipt of a copy of Wawarsing Code 112-29

Print Name: _____

Signature of Owner: _____ Date: _____

Signature of Management: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

This property has no outstanding violations: _____

This property approved for rentals to no more than _____ persons staying overnight

This property has _____ parking spaces

Certificate approved by: _____ Date: _____

Fees Paid: _____

Received by: _____

County Registration Number: _____

STR Number: _____

Short Term Rental Self Inspection Checklist

Please check the first column if condition is met

Owner Code Enforcer

Exterior of house:

- | | | |
|---|-------|-------|
| 1. House # is posted in numerals a minimum of 4 inches tall | _____ | _____ |
| 2. House # is visible from the street | _____ | _____ |
| 3. Is there a swimming pool? | Yes | No |
| 4. There is a code compliant fence around pool | _____ | _____ |
| 5. Pool gates are self-closing, self-latching and lockable | _____ | _____ |
| 6. There is a working alarm on every door to the pool area | _____ | _____ |
| 7. There is an alarm in the pool | _____ | _____ |

Interior of house:

- | | | |
|--|-------|-------|
| 8. Are there handrails on all stairways? | _____ | _____ |
| 9. The electrical panel is properly marked | _____ | _____ |
| 10. Smoke detectors are installed and working on every level | _____ | _____ |
| 11. Carbon monoxide detectors are installed and working on every level | _____ | _____ |
| 12. Smoke detectors are installed and working in every sleeping area | _____ | _____ |
| 13. Smoke detectors within 10 feet of any bedroom door in the hallway | _____ | _____ |
| 14. Smoke and carbon monoxide detector batteries are replaced regularly | _____ | _____ |
| 15. Is there a burglar/fire alarm system? | _____ | _____ |
| 16. Is the ingress/egress plan posted on the back of every bedroom door? | _____ | _____ |

Fireplace/Wood burning stove:

- | | | |
|---|-------|-------|
| 17. Does your home have a fireplace or wood-burning stove? | Yes | No |
| 18. How many fireplaces or wood-burning stoves does your home have? | _____ | |
| 19. The fireplace or wood burning stove has a door(s) or screen(s) | _____ | _____ |

*We recommend having a fire extinguisher in the structures. 5 pounds or 2A 10BC.

*All STRs must have an inspection within 30 days of submitting this application and prior to any permit renewal by a Town of Wawarsing Code Enforcement Officer.