



TOWN OF PAWLING BUILDING DEPARTMENT

160 Charles Colman Blvd
Pawling, NY 12564
TEL: (845) 855-3244

APPLICATION FOR SHORT TERM RENTAL PERMIT

Note: This application shall conform in all respects to the
Zoning Ordinance of the Town of Pawling.

DATE: _____

1) Name of Record Owner (s):

Phone # _____ Fax# _____

Cell # _____

Email Address: _____

If Corporation, name and address: _____

Phone # _____ Fax # _____

Cell # _____

Email Address: _____

* If more than one Owner, or a Corporation, the names, addresses, phone numbers and email address of each owner, shareholder, or member of the corporation must be submitted on an accompanying document.

2) Location of property:

A) Street (s) _____

B) Nearest cross street (s) _____

C) Tax map designation: 134089- _____

D) Number of parking spaces utilized by the Short Term Rental occupants: _____

E) Number of parking spaces utilized by main dwelling occupants: _____

3) This property is situated in the _____ zone.

4) This property contains _____ acres.

5) Present use of property:

6) Is the entire residence being rented: Yes () No ()

If so, what is the total number of bedrooms: _____

7) Is there an accessory dwelling/apartment being rented: Yes () No ()

If so, what is the total number of bedrooms: _____

8) Is the Accessory Apartment/Dwelling Unit occupied by Owner Tenant (check one)

9) Total number of sleeping rooms being rented in the residence: _____

10) Size of the Sanitary Sewer Disposal System (SSDS)? _____

11) Deed or deeds recorded in county Clerk's office:

Sales Date: _____ Deed Book: _____ Deed Page: _____

Are there any deed restrictions that apply to, or easements that exist over the tract of land?

___ Yes ___ No

If yes, a complete description is necessary, and copies of legal documents must be provided:

12) CONTACT PERSON FOR VIOLATIONS (Rental Agent): By signing below, the Rental Agent acknowledges that they are responsible to act and authorized to act on the Owner's behalf to promptly remedy any violation of any condition of the Short Term Rental Permit. The Rental Agent may be the owner or any designated individual.

Rental Agents Name: _____

Agents address: _____

City: _____ State: _____ Zip: _____

Phone: () - - Cell# () - -

Email Address: _____

Rental Agents Signature: _____

By signing below, the owner(s) hereby certifies that to the best of his/her/their knowledge:

- (1) There is at least one functioning smoke detector in each sleeping room and at least one functioning smoke detector in at least one other room, one functioning fire extinguisher in the kitchen and at each exit, and at least one carbon monoxide detector. In addition, the premises comply with all NYS Building and Fire Code regulations, as the same may be amended.
- (2) All exterior doors are operational and all passageways to exterior doors are clear and unobstructed.
- (3) All Electrical systems are serviceable with no visual defects or unsafe conditions.
- (4) All fireplaces, fireplace inserts or other fuel burning heaters and furnaces are vented and properly installed.
- (5) Each sleeping room has an exterior exit that opens directly to the outside, or an emergency escape or rescue window.
- (6) That written notification of this application has been sent to all neighbors required by Town Code Section 215-44.1(c) by certified mail, return receipt requested.
- (7) That all information contained in this application is true and correct at the time of signing, and if any information shall become inaccurate in the future, the Owner will notify the Town of the change.

Owner

Owner

Notary

Notary

Owner

Owner

Notary

Notary

THIS PAGE IS FOR OFFICE USE ONLY:

Checklist of requirements (All MUST BE SUBMITTED WITH APPLICATION):

- ___ Fees (application and/or Inspection).
- ___ List of Property Owners within Specified Distance for Notification and copies of all certified mailing receipts and return receipts.
- ___ If the property is served by a private septic system, a septic inspection report, dated within 90 days of the date of the application, stating the size of the tank(s) and leach or absorption field or area and location and condition of all septic system components.
- ___ A detailed plan, drawn to scale, showing the location of buildings, required parking and, if not served by a public sewer, the location of the septic system and leach field.
- ___ Parking Plan.
- ___ Application Processing Affidavit.
- ___ A written statement that the applicant has met and will continue to comply with the standards of these regulations and the permit.

Date: _____

Application number: _____

Application Fee: _____ Inspection Fee _____

Scheduled Date/Time of Building Inspector's Site Inspection:

Date: _____ Time _____

Reviewed and signed by Code Enforcement Officer

Date: