



TOWN OF PAWLING
The Pride of the Harlem Valley
Town Hall
160 Charles Colman Blvd.
Pawling, NY 12564
(845) 855-3244

Building & Zoning Administrator
Stormwater Management Officer
Everett White
ewhite@pawling.org

Mary Porcaro
buildingdepartment@pawling.org

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: _____

If Corporation, name and address: _____

Phone#: _____ Fax#: _____

Cell#: _____ Email: _____

*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 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/sleeping areas: _____

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

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

8. Is the accessory apartment/dwelling unit occupied by Owner Tenant (check one)

9. Total number of sleeping rooms/areas 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 restriction 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/area 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.
- (8) Applicant hereby certifies that they have and will continue to comply with all requirements of Section 215-44.1.

Owner

Owner

Notary

Notary

Owner

Owner

Notary

Notary

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.
- House number should be clearly displayed at the entrance to the premises.
- If the STR is an apartment, it should be separately registered with 911 numbers no smaller than 3 inch reflective.
- Handrails or banisters for stairway.
- Fire extinguisher – 5lb. ABC or larger.
- 10 year smoke detector.
- Are premises ADA compliant?
 - yes
 - no

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: