

**SHORT TERM RESIDENTIAL RENTAL
PERMIT APPLICATION**

Section #179

Town of Callicoon
Kevin Zieres - Code Enforcement Officer
19 Legion Street
PO Box 687
Jeffersonville, New York 12748
(845) 482-5390 Ext. - 308

Permit # _____
Date Issued _____
Permit Denied _____
Permit Expired _____
Permit Fee _____

- 1. Name of applicant: _____
- 2. Property address: _____
- 3. Mailing address: _____
- 4. Telephone number: _____
Local contact # _____
- 5. Tax Map # _____ *
Contact name _____

- A. Authority
 - 1. Town of Callicoon
 - a. Inspection required annually
 - b. Inspection required before operation
 - c. Annual permit fee of \$100.00
 - d. Records containing dates of short term rentals and number of guests shall be made available upon request.
 - 2. County of Sullivan
 - a. Subject to room tax

B. Description of Property

- 1. Single family
- Two family
- Multi family
- Other

2. Maximum occupancy _____

C. Location

- 1. 911 sign must be posted at entrance of driveway.
- 2. Renter must be made aware of owner contact information and street address.

D. Parking

- 1. On site parking only.

E. Insurance

- 1. Proof of appropriate insurance for transient occupants and commercial rental.

F. Character

- 1. Short term rental may not adversely affect the residential character of the neighborhood. Short term rental may not for example, display a sign for advertising, generate noise, vibration, glare, odors, or other effects that unreasonably interfere with any person's enjoyment of his or her residence.

G. Boundaries

- 1. Renters shall be made aware of property boundaries, and no trespassing on neighboring properties.

Approved

Disapproved

Fee Paid \$ _____

Date _____

Signature: _____

Issued By: _____