

Town of Callicoon
Kris Scullion – 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 _____

**SHORT TERM RESIDENTIAL RENTAL
PERMIT APPLICATION**

Section #179

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 O

Disapproved O

Fee Paid \$ _____

Date _____

Signature: _____

Issued By: _____