

Town of Callicoon
Kris Scullion-Code Enforcement Officer
Po Box 687
19 Legion St
Jeffersonville NY 12748
(845)482-5390 Ext-308

Permit Number _____
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 Number: _____
5. Tax Map Number: _____ Contact Name: _____
6. Email: _____

A. Authority

1. Town of Callicoon
a. Inspection required annually
b. Inspection required before operation
c. Annual permit fee of 200.00
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 contract 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