

12/20/21
TOWN OF SCHROON

SHORT-TERM RENTAL PERMIT APPLICATION

\$300 Application fee (for 3 years) - Cash or Check (payable to the Town of Schroon)

Rental Property Information:

Rental Property Address: _____

City: _____ State: _____ Zip Code: _____

Tax Map Number: _____ Zoning District: _____

Owner Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ E-mail Address: _____

Additional Owner Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ E-mail Address: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ E-mail Address: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ E-mail Address: _____

24-Hour Contact Information: (May be owner)

Name: _____

Phone Number: (____) _____ - _____ E-mail Address: _____

Please make sure that you have provided the Code Enforcement Officer of the Town of Schroon with all forms and information required on page 3 of this application

Checklist of Requirements: *(All must be submitted with application)*

___ Rental Property Deed.

___ If rental property is served by private septic, please provide one of the following:

- Proof septic is less than 3 years old or receipt that it has been pumped out *within last 3 years*.

___ If rental property is served by private septic, please provide one of the following:

- Proof septic was inspected during installation, or a passing Town of Schroon Septic Inspection Report.

___ If rental is served by private water supply, please provide a passing potable water test *(within the last 3 years)*.

___ Proof of insurance with short-term rental coverage.

___ Copy of Essex County Room Occupancy Tax Registration Certificate.

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Affidavit/Authorization: *(To be signed by each owner)*

I hereby certify that I am the owner of the short-term rental property, and that the above answers are true, complete and correct to the best of my knowledge. I have read and understand the Town of Schroon Short-Term Rental Local Law. I hereby authorize the Town of Schroon Code Enforcement Officer or his/her designee to enter the subject property for the purpose of confirming the information contained in this application and upon permit issuance, from time to time to confirm compliance with the permit and any applicable provision of the Town of Schroon Short-Term Rental Local Law. Any such inspection shall be on reasonable notice, including emergency notice as circumstances may dictate in the discretion of the Town Code Enforcement Officer.

(Signature)

(Print name)

(Date)

(Signature)

(Print name)

(Date)

(Signature)

(Print name)

(Date)

(Signature)

(Print name)

(Date)

.....
(Office use only)

Date Received: _____ Fee: \$ _____ Paid by: Cash _____ / Check _____

Received by: _____

TO BE COMPLETED BY TOWN OF SCHROON CODE ENFORCEMENT OFFICER

Item #	Description	Approved
1	Copy of deed.	
2	9-1-1 house number is clearly visible.	
3	Smoke and CO detectors installed.	
4	Number of bedrooms with legal emergency egress _____.	
5	Maximum occupancy for this unit shall be: _____. (# of bedrooms X 2 persons per bedroom plus 2)	
6	Electrical in good working order with GFI receptacles where required.	
7	Fireplace & fireplace inserts, and/or other fuel-burning heaters and furnaces, are properly installed and vented.	
8	Fire extinguishers located in the kitchen and in each room with open flame.	
9	Garbage removal has been arranged for this rental and all garbage cans have tight fitting lids.	
10	Proof of insurance for rental.	
11	Registered with the Occupancy Tax Program administered by Essex County Treasurer's Office.	
12	Off street parking is provided for vehicle(s) the renter(s) will bring to this location.	
13	Passing septic inspection form. (If required)	
14	Septic tank pump out receipt. (If required)	
15	Passing domestic water potability test form. (If required)	
16	Rules and regulations for this rental are posted in a conspicuous location for renters to review at all times.	
17	Contact person(s) provided to all adjacent property owners.	

APPROVED: _____ DENIED: _____

(Signature of Officer)

(Date)

Comments: _____

