

SBL: _____

Application Date: _____



TOWN OF KINGSTON

BUILDING DEPARTMENT

906 Sawkill Road, Kingston, New York 12401
Tel: 845-336-8853 • E-mail: building@tokny.us

APPLICATION FOR RENEWAL OF SHORT-TERM RENTAL PERMIT

OWNER OCCUPIED

NON-OWNER OCCUPIED

Property Owner*: _____
Property Location: _____
Mailing Address: _____
Contact Phone #'s: _____
Email Address: _____

**If owner is a corporation, LLC, etc., provide a list of members and copy of corporate papers.*

Designated Agent*: _____
Mailing Address: _____
Contact Phone #'s: _____
Email Address: _____

**Agent designated by owner pursuant to Town Code Section 314-4.A.5*

Primary Contact*: _____
Mailing Address: _____
Contact Phone #'s: _____
Email Address: _____

**Primary contact to be designated on permit pursuant to Town Code Section 314-6.D.2*

Number of Bedrooms _____
Number of off-street parking spaces: _____
Pool/Hot tub: Yes _____ No _____
Water supply: Public _____ Private _____

Provide:
Current Short-Term Rental Permit _____
Any Changes to Plot Plan or Floor Plan _____
Any Changes to Safety/Egress Plan _____
Potable Water Test (if private) w/n 4 years _____
Septic Pumping Record w/n 6 years _____
Copy of Ulster County Registration _____
Certificate of Insurance _____
Indemnification/Hold Harmless Agreement _____
Notarized Affidavit of local law _____

Short Term Rental Fee Schedule:

- | | |
|--------------------------------|----------|
| 1. Application Filing Fee | \$300.00 |
| (due at time of filing) | |
| 2. Annual Renewal Fee | \$175.00 |
| (due at time of filing) | |
| 3. Reinspection Fees: | |
| \$50.00 for first inspection | |
| \$100.00 for second inspection | |
| \$250.00 for third inspection | |

OFFICE USE ONLY:

Permit Fee: _____
STR Permit #: _____
Approval rec'd: _____

Paid Check No. _____
Zoning District: _____
Open Permits/Violations: _____

SITE INSPECTION AUTHORIZATION

I hereby give permission for the Town of Kingston's authorized representatives and agents to come upon and inspect these premises with respect to this application for renewal of a short-term rental permit.

Section: _____
Block: _____
Lot: _____

Date: _____

Applicant's Signature: _____

OWNER(S) AFFIDAVIT

I/We _____ are the owner(s) of the property located at _____ in the Town of Kingston. I/We hereby affirm that I/we have read the Town of Kingston's Short Term Rentals Local Law provided, and understand my obligations as the property owner. I/we further affirm that I/we have not had a short-term rental permit revoked within the previous year for any rental properties owned individually or together with others.

Date: _____

Owner's Signature: _____

Date: _____

Owner's Signature: _____

Sworn to before me this
____ day of _____, 202__.

Notary Public

AGENT AFFIDAVIT

I _____ am the designated agent of the owner of the property located at _____ in the Town of Kingston. I hereby affirm that I have read the Town of Kingston's Short Term Rentals Local Law provided, and understand my obligations as the property owner.

Date: _____

Agent's Signature: _____

Sworn to before me this
____ day of _____, 202__.

Notary Public