

# TOWN OF LAKE GEORGE, NEW YORK

## APPLICATION FOR RESIDENTIAL RENTALS

**Any Residential - Short Term Rental MUST obtain a Residential Rental Permit. All Residential Rentals for less than a period of thirty days need this required permit. The permit fee is \$50.**

### PERMIT IS VALID FOR ONE YEAR

Name: \_\_\_\_\_

Address of Residential – Short Term Rental: \_\_\_\_\_, Lake George, New York

Tax Map No.: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Are you the owner of the Residence? \_\_\_\_\_ Are you over 21 years of age? \_\_\_\_\_

How many people currently reside at the residence? \_\_\_\_\_

What is the Maximum Occupancy of the residence? \_\_\_\_\_

How many visitors will be staying at the residence at any given time? \_\_\_\_\_

How long will the visitors be staying at the residence at any given time? \_\_\_\_\_

How many bedrooms will be available for visitors? \_\_\_\_\_

How many beds will be available for visitors? \_\_\_\_\_

How many bathrooms will be available for visitors? \_\_\_\_\_

How much gross living space (ie. Square footage) will be available to borders? \_\_\_\_\_

Are there garbage facilities available at the residence? \_\_\_\_\_ What kind? \_\_\_\_\_

What size/type of septic system (if applicable) services the residence? \_\_\_\_\_

How many parking spaces are available for visitors? \_\_\_\_\_

(NYS Property Maintenance Code §404.4.1 requires that every bedroom occupied by one person shall contain 70 square feet. Every bedroom occupied by more than one person shall contain 50 square feet for each occupant. §404 requires bedrooms have access to a water closet and lavatory without passing through another bedroom; and bedrooms shall comply with requirements for light, ventilation, room area, ceiling height and room widths, plumbing, water-heating, electric receptacles, smoke detectors and emergency escape requirements.)

**Please provide the websites that the residence is being listed on for rent, and for how many days:**


**Please provide the home addresses and phone number of any emergency contacts for the residence:**


**AUTHORIZATION FOR SITE VISITS AND INSPECTION:** By signing this application and submitting the application materials attached herein, the Owner, Applicant, and his/her/their agent(s) hereby authorize the officials designated by the Town Board of the Town of Lake George, including, but not limited to the Code Enforcement Officer, Zoning Administrator and the Warren County Building Codes and Fire Prevention Code Enforcement Officers, 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 Lake George Town Code relative to same. Any such inspection shall be on reasonable notice, including emergency notice as circumstances may dictate in the discretion of the applicable Town or County officer.

**OCCUPANCY TAX:** By signing this application and submitting the application materials attached herein, the Owner, Applicant, and his/her/their agent(s) are consenting to and stating understand of Occupancy Tax implications on the subject properties use as a Residential Rental.

**YOU MUST PROVIDE THE FOLLOWING:**

- PROOF OF HOMEOWNER'S INSURANCE
- ANY CHANGE IN OCCUPANCY MUST BE REGISTERED AT THE TOWN OF LAKE GEORGE ADMINISTRATION OFFICES WITHIN (5) DAYS.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT I WILL ABIDE WITH ALL THE CONDITIONS SET FORTH IN THE CODE OF THE TOWN OF LAKE GEORGE. I ALSO CERTIFY THAT THE ABOVE ANSWERS ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT SIGNING OF THIS APPLICATION DOES NOT IMPLY APPROVAL.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINT**

\_\_\_\_\_  
**DATE**

WHEN APPROVED, A COPY OF THIS APPLICATION WILL SERVE AS THE TOWN OF LAKE GEORGE PERMIT, OTHER PERMITS MAY BE REQUIRED BY THE COUNTY AND/OR STATE

**Permit No.:** \_\_\_\_ **Fee of \$** \_\_\_\_ **Paid by check no.:** \_\_\_\_ **cash** \_\_\_\_

**Proof of Insurance received:** \_\_\_\_ **Date:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_ **Approved By:** \_\_\_\_\_