

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 (A minimum of one (1) local authorized emergency contact is needed:

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. The Town Assessor, Planning and Zoning Office and County Treasurer reserve the right to inquire and obtain information regarding taxable income generated from the residential rental. *Estimated annual income from rental:* \$ _____

YOU MUST PROVIDE THE FOLLOWING:

- PROOF OF HOMEOWNER'S INSURANCE SHOWING RENTAL POLICY/RIDER
- PROOF OF FIRE CODE INSPECTION AND/OR SCHEDULING OF INSPECTION WITH WARREN COUNTY BUILDING CODES AND FIRE PREVENTION

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:* _____