

TOWN OF CHESTER
SHORT TERM RENTAL APPLICATION

\$250 Application fee (owner occupied primary residence)
\$350 Application fee (non-owner occupied – not primary residence)
Check or Money Order (payable to Town of Chester)

***PLEASE NOTE:**

Short term rental applications will be reviewed first, followed by a short-term rental fire inspection. Handing in a completed application, under no means, deems your property approved for short term rental purposes. Entire application must be filled out and legible or the application will be rejected.

Date: _____

SITE DATA: SEC-BLK LOT: _____ - _____ - _____

RENTAL PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: (_____) _____ - _____ (A phone number that we can reach 24 hours a day).

EMAIL ADDRESS: _____

Checklist of requirements (all must be submitted with application):

- Number of bedrooms in rental unit: _____
- Number of occupants in rental unit: _____ (maximum of _____ per legal bedroom)
- Number of bathrooms in rental unit: _____
- Copy of Certificate of Occupancy for Original dwelling OR letter stating dwelling was built prior to 1957.
- Septic system pump out receipt (within the last 3 years)
- Copy of homeowner's liability insurance no less than \$1,000,000.00 with rental endorsement on policy (umbrella policy & Airbnb policy are not acceptable proof)
- Floor plans showing detail description of all rooms accessible to renters and emergency exit locations.
- Fire prevention systems (fire extinguishers, smoke & carbon monoxide detector) locations
- Provide a list of all means of advertising which the rental property will be listed for rent

****If property has been purchased within the last 6 months, provide a copy of the title and/or deed**

Please fill out the following if the property owner does not reside within the corporate boundaries of Orange County, New York. (Rental agent must be located in Orange County)

Rental Agents Name: _____

Agents address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) - _____ - _____ Email: _____

Rental Agents Signature: _____

AUTHORIZATION (NOTARY):

State of New York, County of _____, _____, being duly sworn deposes and says he/she is the owner and is duly authorized to perform or have performed said work and to make and file this application; that all statements are true and to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me

This day of _____, 20_____

Owner Signature: _____

NOTARY PUBLIC: _____

Print Name: _____



Stamp:

FOR TOWN USE ONLY

Fee: \$ _____ Check or Money Order# _____ Amount Paid: \$ _____

Fire Inspection Date: _____ Pass or Fail

Maximum of rental Occupants per bedroom inspected: _____

Permit# _____ Registration# _____ Date Issued: _____

Expiration Date: _____