

4 High Street  
Saugerties, NY 12477

**TOWN OF SAUGERTIES**  
Department of Safety and Buildings



Tel: (845) 246-2800

Fax: (845) 246-0461

## SHORT TERM RENTAL APPLICATION

SBL#: \_\_\_\_\_

Owner(s) of Property (no LLC's): \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Number: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Address of Short-Term Rental (STR): \_\_\_\_\_

# Of Bedrooms in STR: \_\_\_\_\_

# Of Bathrooms in STR: \_\_\_\_\_

# Of Beds for Guests in STR: \_\_\_\_\_

How Many Guests Can the STR Sleep: \_\_\_\_\_

Emergency Contact for Property:

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How Are You Renting the Property (Please Mark One):

Single Family Residence (entire home rented) \_\_\_\_\_

Single Family Residence with Rented Room Only \_\_\_\_\_

Attached/Detached Area Only \_\_\_\_\_

Does property have a pool/spa (please mark all that pertain):

Above Ground \_\_\_\_\_

Inground \_\_\_\_\_

Hot Tub \_\_\_\_\_

Is the Property on Well/Septic or Municipal Water/Sewer (circle one)

Water report is attached Yes or No

Parking Plan Attached: yes or no

Pictures supplied: yes or no

**Copy of valid Homeowner's Insurance provided: yes or no**

**Does the property have one of the following heat sources: (circle all that apply)  
Woodstove, propane stove, pellet stove, gas stove, kerosene stove, coal stove  
- When was it last inspected and cleaned, provide paperwork.**

**Where is emergency information located: \_\_\_\_\_**

**To the best of my ability, I have filled this form out and provided all items and information that are required by The Town of Saugerties in regard to Local Law #2 of 2022 for short term rentals.**

\_\_\_\_\_  
Print name here

\_\_\_\_\_  
Signature of owner

**BELOW THIS LINE IS FOR OFFICE USE ONLY**

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**Date Applied:**

**Application #:**

**Fee Paid: \$**

**Receipt#:**

**STR Permit #:**

**INSPECTOR:**

**Approval Date:**

**DENIED: Yes or No**

**(reason attached)**