

Town of Athens
2 First Street
Athens, NY 12015

APPLICATION FOR RENTAL CERTIFICATE

If you rent your home for eight days or less a rental certificate is required

Contact Information:

Owner's Name _____ Phone # (____) _____

Owner's Street Address _____

Owner's Mailing Address _____

Local 24 hour Contact _____ Phone # (____) _____

Contact's Street Address _____

Property Information:

Property Tax Lot # _____

Property Street Address _____

Property Mailing Address _____

Is this a single family home YES ___ NO ___ If no, how many family units are there _____

Maximum number of overnight occupants _____

Please note that the term bedrooms means only bedrooms not family rooms/dens/lofts/etc.

How many bedrooms are there in this structure? _____ How many bathrooms are in this structure? _____

Please list the size on each bedroom

Bedroom #1 _____ feet X _____ feet = _____ sq. ft. Bedroom #5 _____ feet X _____ feet = _____ sq. ft.

Bedroom #2 _____ feet X _____ feet = _____ sq. ft. Bedroom #6 _____ feet X _____ feet = _____ sq. ft.

Bedroom #3 _____ feet X _____ feet = _____ sq. ft. Bedroom #7 _____ feet X _____ feet = _____ sq. ft.

Bedroom #4 _____ feet X _____ feet = _____ sq. ft. Bedroom #8 _____ feet X _____ feet = _____ sq. ft.

I hereby certify that I am the owner of the property; I have reviewed the Town of Athens Short-Term Rental Law and will comply with same; all information contained herein is correct to the best of my knowledge; and that I will post this certificate and the law in a conspicuous place within the rental unit.

Owner

Date

DO NOT WRITE BELOW THIS LINE

This Property has no outstanding violations _____

This property approved for rentals to no more than _____ persons day time and _____ persons staying overnight.

Certificate approved by _____ date _____

Fees Paid \$ _____ Received by _____ Receipt # _____

This Rental Certificate is effective for one-year to _____

Fire and Safety Inspection To Be Completed By Our Office Before Rental Certificate is Issued.