

# TOWN OF READING

PO Box 5, Reading Center, New York 14876  
Email: townclerk@townofreadingny.org  
Office: 607-535-7459, Fax: 607-535-2109  
Physical Address: 3914 County Rd 28, Watkins Glen,  
NY 14891

Application No.: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Decision \_\_\_\_\_ Date \_\_\_\_\_

## Short-Term Rental Permit Application

Return the original completed application and attachments to the Code Enforcement Officer with the permit fee of \$300 per dwelling unit. Payable to the Town of Reading. Permit renewal is required every 3 years.

### Part 1 - General Information

#### Applicant Contact Information

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: Day \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

#### Resident Agent Contact Information (if different than the applicant)

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: Day \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

### Part 2 – Property Details

Tax Map Number \_\_\_\_\_  
Short Term Rental Location  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Number of dwelling units \_\_\_\_\_  
Number of sleeping rooms per dwelling unit if there is more than one \_\_\_\_\_  
\_\_\_\_\_ Total  
Number of parking spaces \_\_\_\_\_  
Maximum Occupancy as allowed by Schuyler County Watershed Wastewater Treatment System Permit  
\_\_\_\_\_

### Part 3 – Required Documentation

- A Drawing or sketch, drawn to scale of the property that shows:
1. The property lines
  2. All dwelling units and other permanent structures on the property

3. The location of the driveway and parking area(s)
4. The location of the wastewater system

A drawing or sketch, drawn to scale of the floor plan of each dwelling unit that shows:

1. The locations of the sleeping rooms and bathrooms
2. The locations of the smoke detectors and carbon monoxide detectors
3. The locations of fire extinguishers

A drawing of the evacuation plan showing exit paths for each sleeping room and meeting place

Certificate of authority to collect tax issued by Schuyler County Treasurer

Schuyler County Watershed Wastewater Treatment System Permit or Certificate of Compliance for the property with the number of sleeping rooms and planned maximum occupancy of the property

### **Part 4 – Statement of Compliance**

The owner of the rental property assumes responsibility for the health, safety, and welfare of the renter(s) by assuring compliance with the STR standards, fire prevention building and sanitary codes for the state of New York, Schuyler County and Town of Reading. The owners authorize the Enforcement Officer to inspect the property prior to issuance of the permit and annually thereafter.

### **Part 5 - Affirmation by Property Owner(s)**

The Owner(s) designates the Resident Agent to act in their behalf to take actions necessary for the issuance and acceptance of this permit and declare that they are the lawful owner of this property and affirm under penalty of perjury that the contents of this application are true and correct to the best of their knowledge.

**Owners Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Owners Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Owners Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_