

City of Beacon Building Department

SHORT-TERM RENTAL PERMIT

Pursuant to § 223-26.5 of the Code of the City of Beacon, it shall be unlawful to use, establish, maintain, operate, occupy, rent or lease any property as a short-term rental without first having obtained a short-term rental permit. A short-term rental is defined as an entire dwelling unit, or a room or group of rooms within a dwelling unit, made available to rent, lease or otherwise assigned for a occupancy of less than 30 consecutive days. The dwelling unit must be used by the owner or tenant as his or her or their primary residence. The term "short-term rental" does not include dormitories, hotel or motel rooms, bed and breakfast inns or lodging houses, as permitted and regulated by the City of Beacon Zoning Ordinance. Any dwelling unit, or room(s) therein, located in a one-family home, two-family home, accessory apartment, or multifamily dwelling may be used as short-term rentals subject to the requirements set forth in §223-36.5 of the Code of the City of Beacon.

All short-term rental permits shall be valid for a period of two years.

THE FOLLOWING ITEMS MUST BE SUBMITTED FOR REVIEW

- 1. One copy of the Short-Term Rental Application Form
- 2. A signed Landlord Statement of Permission, if the applicant is a tenant and not the property owner. All tenants must provide written consent from the landlord agreeing to permit the short-term rental use.
- 3. Proof of receipt of New York State STAR Credit or STAR property tax exemption for the short-term rental property.
- 4. Copy of utility bill in the applicant's name.
- 5. A signed and notarized certification in a form acceptable to the City Clerk by the applicant.

SHORT-TERM RENTAL PERMIT APPLICATION FORM

| 1. | AP | APPLICANT | | | |
|---|---|---|--|--|--|
| | a. | Name: | | | |
| | b. | Address: | | | |
| | c. | Telephone No.: | | | |
| | d. | Email Address: | | | |
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| 2. | ROPERTY OWNER (If different from Applicant) | | | | |
| | a. | Name: | | | |
| | b. | Address: | | | |
| | c. | Telephone No.: | | | |
| | d. | Email Address: | | | |
| | | | | | |
| 3. | DE | ESCRIPTION OF PROPERTY | | | |
| | a. | Property Address: | | | |
| | b. | Tax ID: SectionBlock LotZoning District | | | |
| c. Total number of dwelling units located within building: | | | | | |
| | Total number of bedrooms and bathrooms inside the dwelling unit: | | | | |
| | e. | Total number of rooms proposed for short-term rental use: | | | |
| f. Location of each such dwelling unit or individual bedroom within the building: | | | | | |
| | | | | | |
| | g. The number of persons to be accommodated in each room available for short-term rental use: | | | | |
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| | | ffice Use Only | | | |
| | prov | | | | |
| Disapproved:, 2020 Authorizing Signature: | | | | | |
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LANDLORD STATEMENT OF PERMISSION

| I, | [PROPERTY OWNI | ER'S NAME], as the owner of the |
|---|----------------------------------|------------------------------------|
| property located at | | [Property Address and Tax ID] (the |
| "Property") hereby grant permission to | | [Name of Applicant] to |
| operate a short-term rental at the above ac | ddress, in accordance with the O | Code of the City of Beacon. |
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| | | |
| | | _ |
| Signature | | |
| | | |
| Name | | _ |
| Tvane | | |
| | | _ |
| Address | | |
| | | |
| Telephone No. | | _ |
| 1 | | |
| | | _ |
| Email | | |

CERTIFICATION FORM