

# APPLICATION FOR SHORT TERM RENTAL PERMIT

## Town of Wayne, NY

**IMPORTANT** – This application does NOT contain all information you need to know and address as an applicant/manager of a Short-Term Rental Property in the Town of Wayne. You are advised to thoroughly review **Wayne Town Short-term Rental Law 1-2023** which is available online at [townofwayneny.com](http://townofwayneny.com) or at the Town Hall.

<p>_____</p> <p><b>Address of proposed short-term rental</b></p>  <p>TAX Parcel # _____</p>	<p><input type="checkbox"/> <b>First time</b> application ___ \$<b>200.00</b> fee</p> <p style="text-align: center;">If approved, permit is valid for 2 years.</p> <p>- or - _____</p> <p><input type="checkbox"/> <b>Re-inspection</b> _____ \$<b>100.00</b> fee</p>
---	---

**ALL OWNERS OR DESIGNATED/AUTHORIZED AGENTS MUST BE LISTED BELOW AND SIGN THIS APPLICATION.** ..... INCLUDE ADDITIONAL SHEETS AS NECESSARY.

<p>_____</p> <p>Property Owner</p> <p>_____</p> <p>Mailing Address</p> <p>_____</p> <p>City <span style="float: right;">ST</span> <span style="float: right;">Zip</span></p> <p>( ) - _____ or ( ) - _____</p> <p>Phone (Ext.) Optional 2nd phone (Ext.)</p> <p>_____</p> <p>E-mail address</p>	<p><input type="checkbox"/> Property Owner - OR - <input type="checkbox"/> Authorized Managing Agent (<i>IF one is designated by Owner</i>)</p> <p>_____</p> <p>Mailing Address</p> <p>_____</p> <p>City <span style="float: right;">ST</span> <span style="float: right;">Zip</span></p> <p>( ) - _____ or ( ) - _____</p> <p>Phone (Ext.) Optional 2nd phone (Ext.)</p> <p>_____</p> <p>E-mail address</p>
<p><input type="checkbox"/> Property Owner - OR - <input type="checkbox"/> Authorized Managing Agent (<i>IF one is designated by Owner</i>)</p> <p>_____</p> <p>Mailing Address</p> <p>_____</p> <p>City <span style="float: right;">ST</span> <span style="float: right;">Zip</span></p> <p>( ) - _____ or ( ) - _____</p> <p>Phone (Ext.) Optional 2nd phone (Ext.)</p> <p>_____</p> <p>E-mail address</p>	<p><b>*Contact person</b> is <input type="checkbox"/> Property Owner - OR - <input type="checkbox"/> Owners' authorized designee</p> <p>_____</p> <p>Mailing Address</p> <p>_____</p> <p>City <span style="float: right;">ST</span> <span style="float: right;">Zip</span></p> <p>( ) - _____ or ( ) - _____</p> <p>Phone (Ext.) Optional 2nd phone (Ext.)</p> <p>_____</p> <p>E-mail address</p>

- **All portions of this application are required and must be completed.**
- **Applications that fail to provide sufficient information shall be declined.**
- **Under no circumstances shall maximum occupancy exceed 12 individuals. There are NO exceptions. No variances are available."**

Submit this signed application and applicable fee (check payable to the Town of Wayne or exact cash amount, please) to  
**Town Clerk Town of Wayne, P.O. Box 182, 9772 Silsbee Rd. Wayne, NY 14893**

# APPLICATION FOR SHORT TERM RENTAL PERMIT

## Town of Wayne, NY

**By signing this application, I/we attest that I/we:**

1. have read and comprehend all requirements and standards contained in Town of Wayne Short-term Rental Law 1-2023 and agree to fully comply with the same;
2. have included an accurate and suitable floor plan for each level of the dwelling that can be occupied;
3. have certified that the accompanying floor plan is an accurate facsimile of the dwelling;
4. have included a plot diagram demonstrating adequate off-road parking spaces;
5. agree, as a condition to the issuance of this permit, that said Short-Term Rental shall conform with all laws, ordinances of the Town and the State of New York Uniform Fire and Safety Prevention and Energy Code of the State of New York, and all other applicable laws, codes, and regulations;
6. confirm the present and ongoing compliance with the Town's Short-Term Rental Standards;
7. will limit lease periods to a maximum of 31 consecutive days;
8. certify that the\*Contact Person (the owner or the owners' designee) shall be responsible and authorized to act on the owners' behalf and shall promptly remedy any violation of the standards outlined in Town Law and shall respond to any correspondence or concern from the Town Code Enforcement Officer within 24 hours; and
9. attest that none of the owners of the subject property have had a Short-Term Rental Permit revoked within the previous year for any rental properties owned individually or together with others.
10. By signing this application, I understand that maximum occupancy shall not exceed 12 individuals. I also understand that number might be fewer depending on the capacity of the property's septic system.

**Signature(s) of ALL owners or their designated agents**

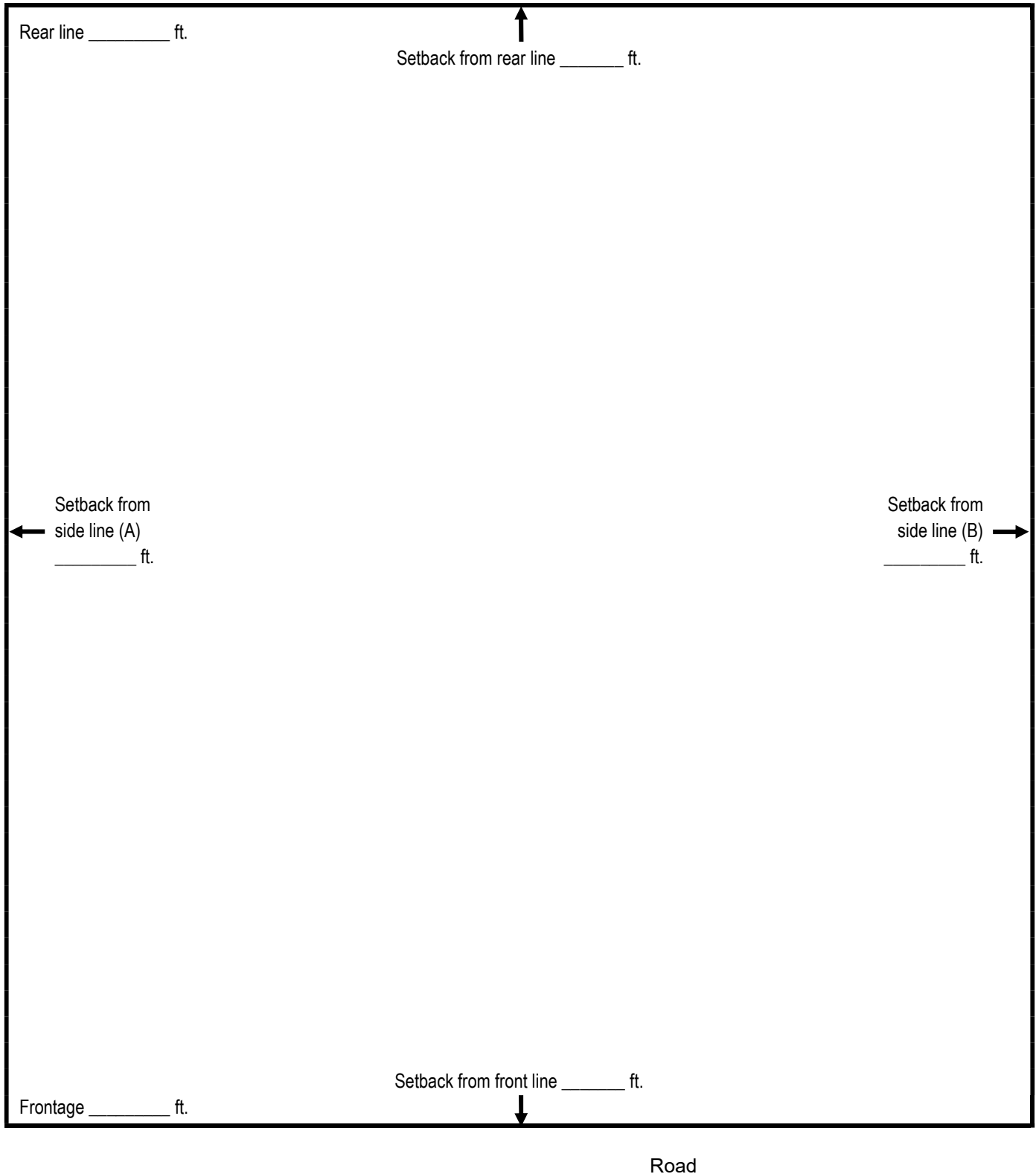
_____ / / <input type="checkbox"/> Property Owner - OR - <input type="checkbox"/> Authorized Agent ( <i>IF designated</i> ) Date	_____ / / <input type="checkbox"/> Property Owner - OR - <input type="checkbox"/> Authorized Agent ( <i>IF designated</i> ) Date
_____ / / <input type="checkbox"/> Property Owner - OR - <input type="checkbox"/> Authorized Agent ( <i>IF designated</i> ) Date	_____ / / <input type="checkbox"/> Property Owner - OR - <input type="checkbox"/> Authorized Agent ( <i>IF designated</i> ) Date
_____ / / <input type="checkbox"/> Property Owner - OR - <input type="checkbox"/> Authorized Agent ( <i>IF designated</i> ) Date	_____ / / <input type="checkbox"/> Property Owner - OR - <input type="checkbox"/> Authorized Agent ( <i>IF designated</i> ) Date

**OFFICIAL USE ONLY**

Fee Paid _____	Town Clerk's signature _____	_____ / / Date
Tax Map ID # _____	District: ___ LS-1, ___ LS-2, ___ LS-3, ___ HSC-1, ___ HSC-2, ___ Hamlet, ___ Corridor Dist. ___ Industrial Dist.	
Application reviewed by _____ initials	<input type="checkbox"/> <b>NOT approved<sup>+</sup></b> + <i>Explain below</i>	<input type="checkbox"/> <b>APPROVED</b> Permit # _____
Approval signature _____	_____ / / Date	
Explanation if disapproved:		

# SHORT-TERM RENTAL - PLOT DIAGRAM

**Instructions:** Clearly and distinctly locate all buildings and parking area(s) plus their dimensions, whether existing or proposed, and indicate all setback dimensions from property lines. Give identifying information, show all easements, street names, and show well, septic, and leach field locations. Show all bodies of water, creeks, and/or shorelines. Also indicating "North" is helpful. Use additional sheet(s) for detail if necessary.



# SHORT-TERM RENTAL - FLOOR PLANS

## INSTRUCTIONS:

Per Town Short Term Rental Law 1-2023 application shall ***include the following details as described below***. Use additional sheets as necessary.

(6) An accurate suitable floor plan for each level of the dwelling that can be occupied measuring at least 8.5 inch by 11 inch, drawn to scale and certified by the applicant. The floor plan does not need to be prepared by a professional, but must include the following:

- a. The location of buildings and required parking.
- b. Basement – location of house utilities and all rooms including bedrooms, windows, exits and any heating/cooling units.
- c. First floor – all rooms including bedrooms, windows, exits and any heating/cooling units.
- d. Second floor – all rooms including bedrooms, windows, exits and any heating/cooling units.
- e. Attic (if present) – all rooms including bedrooms, windows, exits and any heating/cooling units.

**Include and sign the following attestation *with each of these and all drawings*:**

*I certify that the accompanying dwelling Plot Diagram and Floor Plans are complete and accurate representations of the property in this application.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Certification:

I \_\_\_\_\_ certify that the property listed above meets all the requirements of the Town of Wayne Short-Term Rental Laws. I also acknowledge that this permit can be revoked by the Town of Wayne for any violations of the law.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

State of New York

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) [is/are] subscribed to the within instrument and acknowledged to me that [he/she/they] executed the same in [his/her/their] capacity(ies), and that by [his/her/their] signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public State of New York

My Commission Expires: [\_\_\_\_\_]