

Instructions for Town of Chester Short-Term Rental Permit Application

(Please Read Carefully)

In accordance with Town of Chester Local Law No. 4 of 2023, attainment of a Short-Term Rental Permit is required for dwellings being utilized as Short-Term Rentals. Detailed below is a list of required documentation to be included with the Permit Application. For additional information, visit the [Town of Chester](#) web site or the Planning and Zoning Office located within the Town of Chester Municipal Center.

- **Application** – Please complete all four sections of the Short-Term Rental Permit Application as outlined in Section 1 below. 1) Property Owner's Contact Information; 2) Primary Representative's Contact Information; 3) Short-Term Rental Property Information; 4) Confirmation of Short-Term Rental requirements.
- **Deed** – A copy of the vesting deed or a similar document showing how title to the proposed Short-Term Rental property is held is required. Included should be the names, addresses, telephone numbers and e-mail addresses of all the people associated with the Short-Term Rental property.
- **Occupancy Tax Registration** – An approved Certificate of Authority from the Warren County Treasurer's Office is required when submitting your Short-Term Rental Permit Application. To obtain the Certificate of Authority, the owner must first submit an Occupancy Tax Registration Form to the Warren County Treasurer (518-761-6375). Please refer to Section 2 below for guidance on how to fill out the Occupancy Tax Registration Form. Visit the [Warren County](#) website to access a live version of the document.
- **Site Plan** – A site plan of the proposed Short-Term Rental Property is to be included with each permit Application (not required to be professionally drawn). The site plan can be a sketch drawn on the template provided in Section 3 or it can be a pre-existing document with similar information. Please ensure that all building locations and off-street parking areas are clearly identified.
- **Fire Prevention & Building Codes Inspection** – Included with the Permit Application must be proof that the Short-Term Rental property received a satisfactory inspection from the Warren County Department of Fire Prevention and Building Codes within sixty (60) days immediately preceding the Application date at the owner's expense. Owners are to directly contact the Warren County Building Code Enforcement Department (518-761-6542) to obtain the necessary forms and to coordinate property inspections.
- **Rules and Regulations** – Short-Term Rental owners are required to establish and implement written rules and regulations for their property with the intent of ensuring public health, safety, and general welfare. A copy of the rules and regulations must be included when applying for a Short-Term Rental Permit. Section 4 includes a sample template that can be used as a guide when drafting your own rules and regulations.
- **Application Fee** – A one-time application fee of \$100 is required with Permit Applications. The fee is non-refundable and payment can be made via cash or check made payable to: Town of Chester.

Upon completion of the above items, please submit materials to the Town of Chester Planning & Zoning Office or mail to the following address: **Town of Chester, Attn: Zoning Administrator, P.O. Box 423, Chestertown, NY 12817**. Please note that approvals may take up to thirty (30) days.

Please do not hesitate to contact the Planning and Zoning Office with any questions.

Check List:					
	Application		Site Plan		Application Fee
	Property Deed		Fire & Building Codes Satisfactory Inspection		
	Occupancy Tax Registration Form		Rules & Regulations		



Town of Chester
Planning and Zoning
P.O. Box 423
Chestertown, NY 12817
Phone: (518) 494-7369

Application #: STR20____ - ____
Date Received: ____/____/____
Amt. Paid: _____

Section 1 – Application for Short-Term Rental Permit

Property Owner's Contact Information:

Property Owner's Name: _____

Mailing Address: _____

Phone (Cell and/or Home): _____ Email: _____

Property Owner's Name: _____

Mailing Address: _____

Phone (Cell and/or Home): _____ Email: _____

Property Owner's Name: _____

Mailing Address: _____

Phone (Cell and/or Home): _____ Email: _____

**If there are additional owners to the names listed above, please provide their names and contact information on a separate sheet and attach to this Application.*

Primary Representative's Contact Information:

**The person designated below is the primary representative for the property and must be on call at all times to manage the rental during any period the rental is occupied.*

Name: _____

Mailing Address: _____

Phone (Cell and/or Home): _____ Email: _____

Short-Term Rental Property Information:

Physical Address (911 Location): _____ Tax Map #: _____ Acreage: _____

Zoning District: Hamlet: ____ Rural Use: ____ Low Intensity: ____ M. Intensity: ____ R. Mgmt.: ____ Industrial: ____

Dwelling Square Footage: ____ # of Bedrooms: ____ # of Full Baths: ____ # of ½ Baths: ____

No. of Permitted Overnight Occupants: ____ (Determined by Warren County Fire Prevention & Building Codes)

For parcel info refer to the [Warren County Parcel Viewer \(warrencountyny.gov\)](http://warrencountyny.gov).

Confirmation of Short-Term Rental Requirements:

Please check "Yes" or "No" for each criteria listed below.

Yes **No**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I certify that the Short-Term Rental property will not be rented to more persons than the overnight occupancy load as determined by the Warren Country Department of Fire Prevention and Building Codes |
| <input type="checkbox"/> | <input type="checkbox"/> | I certify there are _____ on-site parking spaces available for the Short-Term Rental Guests. Note: Short-Term Rental properties shall provide off-street parking with at least one space for every four (4) guests. |
| <input type="checkbox"/> | <input type="checkbox"/> | I certify that I have supplied the Short-Term Rental guests with written rules and regulations in a visible location inside the dwelling unit. Note: The rules and regulations are expected to be activated when rentals are active. |
| <input type="checkbox"/> | <input type="checkbox"/> | I certify that the Short-Term Rental Permit will be posted inside the Short-Term Rental dwelling in a location visible upon entry and will remain in that location whenever the unit is rented. |
| <input type="checkbox"/> | <input type="checkbox"/> | I certify that I will provide all property owners within one-hundred fifty (150) feet of the Short-Term Rental property with a copy of the signed Short-Term Rental Permit. |
| <input type="checkbox"/> | <input type="checkbox"/> | I certify that a suitable garbage collection plan is in place during rental periods that includes, trash removal, trash containers big enough to accommodate maximum occupancy and tight fitting covers on all trash containers to prevent leakage, spillage, and odors. |
| <input type="checkbox"/> | <input type="checkbox"/> | I certify that an E911 house number for the dwelling unit is visible from the street or road and will be maintained in accordance with E911 regulations (Minimum of 4" and be visible from the street). |
| <input type="checkbox"/> | <input type="checkbox"/> | I certify that the Short-Term Rental owner will provide the Town of Chester Zoning Department with updated paperwork any time changes are made to the Short-Term Rental property. |

I, We, hereby certify that the above information and statements are true and correct to the best of my knowledge.

I, We, acknowledge that failure to comply with the Short-Term Rental requirements may result in a fine or revocation of the Short-Term Rental Permit.

I, We, hereby authorize the Town of Chester, its employees, and authorized agents access to the property for the purpose of inspection with authorization for such access. The undersigned is/are the owner(s) of the property listed within this Application.

Owner's Name (Please Print)	Owner's Signature	Date

To Be Completed by the Planning and Zoning Office (Office Use Only)

Action Taken: Approved (Short-Term Rental Permit Issued): _____ Denied: _____

Reasons for Denial: _____

Signature

Date

Section 2 – Occupancy Tax Registration Form

Sample Occupancy Tax Registration Form:

An approved Certificate of Authority from the Warren County Treasurer's Office is required when submitting your Short-Term Rental Permit Application. To obtain the Certificate of Authority, the owner must first submit an Occupancy Tax Registration Form to the Warren County Treasurer (518-761-6375). Displayed below is an example of the Warren County Occupancy Tax Registration Form with a suggestion of how an Applicant might fill out the details. Visit the [Warren County](#) website to access a live version of the document.



WARREN COUNTY OCCUPANCY TAX REGISTRATION FORM

NATURE OF TAX: Occupancy tax is imposed upon the occupant of any hotel or motel facility or short-term rental in Warren County, NY. The term "hotel or motel" is defined as any facility providing lodging on an overnight basis. The list includes bed and breakfasts, inns, housekeeping cottages or similar tourist facilities. The term "short-term rental" is defined as the rental of any dwelling unit, or portion thereof, for fewer than thirty (30) consecutive days. This includes single family residences, condominiums, duplexes, town homes, apartments, cottages and other similar residential units.

REGISTRANT INFORMATION	
1. Registrant's Name for Hotel, Motel, Cottages, B&B or Short-Term Rental	
If your short-term rental has a name or title, place it here (ex. "Adirondack Hideaway"). If not, then input a label containing the owners name or address for documentation purposes (ex. "Smith Family Rental")	
2. Name of Owner/Operator (only if different from above)	
Mary Smith	
3. Physical Street Address (of Rental)	4. Physical Town + Zip Code (of Rental)
123 Main Street	Chestertown, NY 12817

5a. Name and Mailing Address of Contact Person	5b. Title (Owner, Manager, etc.)	5c. Contact Info (Phone/eMail)
Mary Smith 87 1 st Avenue, Warrensburg, NY 12845	Owner	Phone & Email for Mary Smith

6. TYPE OF OWNERSHIP							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietor	Corporation	Partnership	Limited Partnership	Limited Liability Partnership	Limited Liability Company	Trust	Other

7. REGISTRANT OWNER(S), OFFICER(S), PARTNER(S) AND/OR MEMBER(S)			
Name	Address (Mailing)	Contact Info (Phone/eMail)	Title/Capacity
John Smith	87 1 st Ave., Warrensburg, NY 12845	Phone & Email for John Smith	Owner
Sara Smith	54 3rd Ave., Warrensburg, NY 12845	Phone & Email for Sara Smith	Owner

Identify the ownership type.

List names and info for additional owners (if there are any).

Identify if the dwelling is a short-term rental & the # of homes that you are renting.

8. TYPE OF RENTAL & NUMBER OF ROOMS/UNITS/HOMES			
Hotel / Motel <input type="radio"/>	Cottages <input type="radio"/>	Bed & Breakfast <input type="radio"/>	Short-Term Rental <input checked="" type="radio"/>
# of Rooms # _____	# of Units # _____	# of Rooms # _____	# of Homes # 1

Input the average rates for renting your dwelling.

9. AVERAGE RENTAL PERIODS & RATES (check all that apply)			
Daily <input type="radio"/>	Weekly <input type="radio"/>	Multiple Weeks <input type="radio"/>	Monthly (28 Days or More) <input type="radio"/>
Rate \$ 100	Rate \$ 665	Rate \$ _____	Rate \$ 2,380

Identify the cycle that you will file your occupancy tax returns. **Note:** It is recommended that you connect with NYS for guidance.

10. OCCUPANCY TAX RETURN FILING CYCLE			
Annual <input checked="" type="radio"/>	Quarterly (Calendar) <input type="radio"/>	Quarterly (Fiscal) <input type="radio"/>	Monthly <input type="radio"/>
January - December (Calendar)			
or <input type="radio"/>	1Q: Jan - Mar 2Q: Apr - Jun 3Q: Jul - Sep 4Q: Oct - Dec	1Q: Mar - May 2Q: Jun - Aug 3Q: Sep - Nov 4Q: Dec - Feb	
March - February (Fiscal)			

ALL OCCUPANCY TAX RETURN FILINGS MUST BE RECEIVED ON OR BEFORE THE 20TH OF THE MONTH FOLLOWING THE END OF THE PERIOD SELECTED IN THE BOXES ABOVE. USPS POSTMARKS ARE NOT USED TO COMPLY WITH THE DEADLINE. LATE FILINGS ARE SUBJECT TO A 5% PENALTY AND 1% INTEREST (PER EACH MONTH LATE BEGINNING 1 MONTH AFTER END OF REPORTING PERIOD).

Persons Subject to Tax: The occupant, lessee or tenant of any such hotel/motel or short-term rental accommodation is liable for payment of the tax. The tax is collected by the owner of the hotel/motel or short-term rental occupied or if the owner is not operating the hotel/motel or short-term rental and being paid the rent for the room occupied, then after any other person entitled to be paid the rent or charge for the hotel/motel or short-term rental occupied, including but not limited to the proprietor, lessee, sublessee, mortgage in possession, licensee or any other person otherwise operating such hotel/motel or short-term rental.

UNDER THE PENALTY OF PERJURY, I HEREBY DECLARE THAT I HAVE EXAMINED THIS REGISTRATION FORM AND THE INFORMATION CONTAINED HEREIN, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THE SAME ARE TRUE, CORRECT AND COMPLETE.

Signature	Print Name and Title	Date

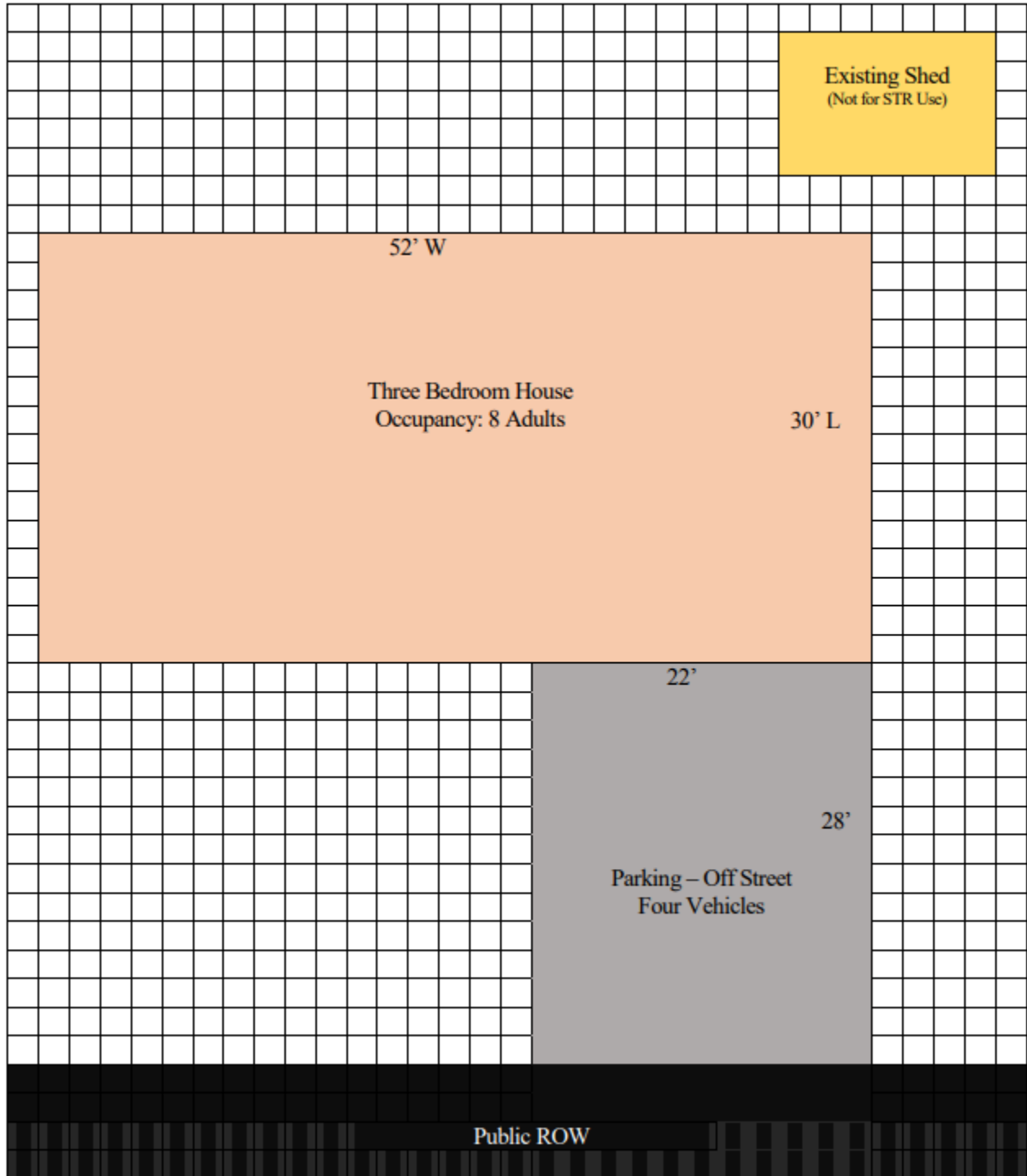
COMPLETE AND MAIL THIS REGISTRATION FORM TO:

**Warren County Treasurer
1340 State Route 9
Lake George, NY 12845**

Section 3 – Site Plan

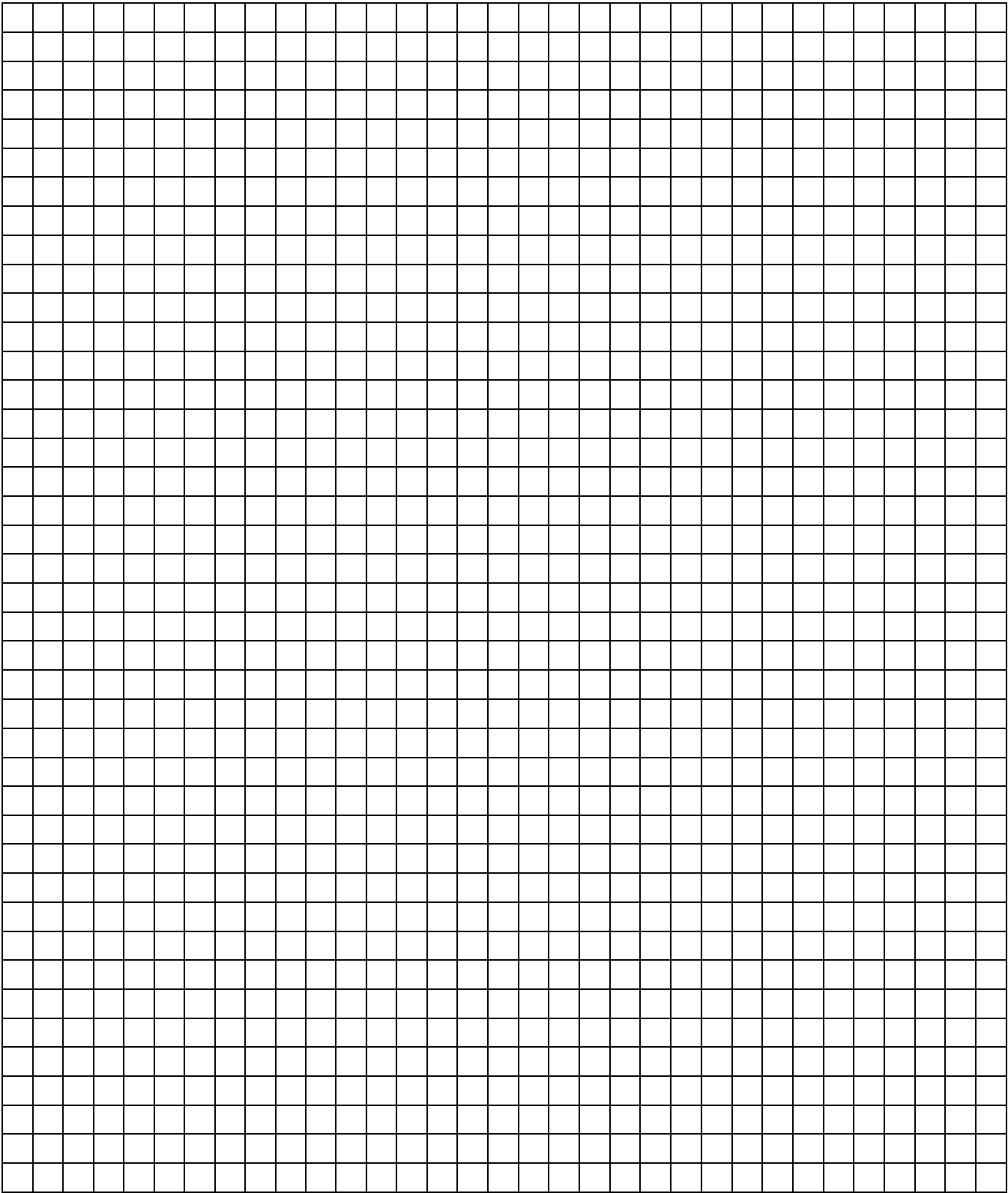
Sample Site Plan:

A site plan of the proposed Short-Term Rental property should be included as a part of the Permit Application process (not required to be professionally drawn). Displayed below is an example of the ideal site plan sketch that clearly identifies building locations and off-street parking area(s). Please use this as a guide for your submission.



Site Plan Submission Template:

When submitting a property site plan, feel free to use the template below or provide a pre-existing drawing of your own. Ensure that you clearly identify building locations and off-street parking area(s).



Section 4 – Template of Rules and Regulations for Renters

Short-Term Rental owners are required to establish and implement written rules and regulations for their property with the intent of ensuring public health, safety, and general welfare. A copy of the rules and regulations must be included when applying for a Short-Term Rental Permit. This template is only provided as a guide when drafting your own rules and regulations.

1. The operation of this Short-Term Rental shall not interfere with the residential character of the premises nor surrounding properties.
2. All rental occupants must act peaceably and not in violation of New York State Penal Law or in violation of the Zoning Local Law of the Town of Chester.
3. Rental occupants shall be required to conduct themselves in accordance with the Town of Chester Noise Ordinance and maintain quiet at this premises between the hours of 10:00 PM and 7:00 AM.
4. Overnight guests shall not exceed the amount indicated on the Permit located conspicuously within five (5) feet of the main entry to this rental.
5. No firework displays shall be permitted on this property.
6. When placed outside, garbage and recycling shall be put securely in covered receptacles.
7. In the event of an emergency, call 911 or the Warren County Sheriff at 518-743-2500, or New York State Troopers at 518-583-7000.

