

Short Term Rental Application

Village of Cassadaga, NY

1. Property Owner(s): _____
Business Name: _____
Owner's Permanent Address: _____

Primary Phone # _____ Secondary Phone # _____
Email Address: _____

2. Agent/Local Manager
(must reside within 30 minutes of the Village of Cassadaga)
 Same person(s) as above
Name: _____
Address: _____
Primary Phone # _____ Secondary Phone # _____
Email Address: _____

3. Short Term Rental Property Address: _____

4. Type of Structure (house/cottage/apartment/etc...): _____

5. Hosting Platforms: _____ Listing # _____
_____ Listing # _____

6. Parking: How many off-street parking spots are provided? _____

7. Signage: Yes No

If Yes, Please provide detailed description: _____

8. Maximum Occupancy: Max requested occupancy (total people, not to exceed 10): _____

9. Septic Information:
What is the septic system type? _____
What is the septic system size? _____

STR Street Address: _____

INITIAL

RENEWAL

10. Bedroom/Sleeping Room(s): Indicate the quantity of bedrooms and sleeping rooms.

Bedrooms: _____ Sleeping Rooms: _____

11. Garbage Removal: Please state how garbage will be stored and removed from the property. _____

12. Plat. Please submit or draw below a plat of the property showing approximate property boundaries and existing features, including buildings, structures, septic systems, parking spaces, firepits/outdoor fireplaces, sign, pool, hot tub, driveways, streets, and lake. In addition, indicate neighboring buildings within one hundred (100) feet of the short-term rental unit.



Provide the Following:

1. Chautauqua County Certificate of Authority to collect Bed Tax.
2. Certificate of Insurance: Provide evidence of property and liability insurance coverage indicating premises are rated as an STR and maintain coverage throughout permit period.
3. Fire Safety: Documentation of location of fire extinguishers and smoke/CO detectors are in compliance with NYS Uniform Fire Prevention and Building Code.
4. Description: State the occupancy of each bedroom and sleeping room and the method of egress (doors, windows). No kitchen shall be occupied for sleeping purposes.
5. House Rules: The applicant shall submit a copy of the house rules. All short-term rental properties shall post for renters of each dwelling unit a listing of House Rules. House Rules shall incorporate, but not be limited to the following:
 - a. An emergency exit egress plan
 - b. Location of fire extinguishers
 - c. Identify property lines and a statement emphasizing that unit occupants may be liable for illegal trespassing.
 - d. Identify the procedures for disposal of refuse/garbage.
 - e. If allowed by the property owner, instructions for fires, candles, fireplaces or wood stoves. If not allowed by the property owner, a statement stating as such.
 - f. If allowed by the property owner, specify outdoor fires shall be made solely within a fireplace or fire pit in accordance with all NYS burning regulations.
 - g. Short-Term Rentals shall not be permitted to be used for any commercial use or commercial event space.
 - h. No outdoor camping shall be allowed. (tents, campers)
 - i. Parking shall be allowed solely in the designated parking spaces (off-street where applicable).
 - j. A Good Neighbor Statement
6. The nonrefundable permit application fee must accompany the application and made payable to the Village of Cassadaga.

STR Street Address: _____
 INITIAL RENEWAL

STATEMENTS OF COMPLIANCE

I grant permission to the Code Enforcement Officer to complete any exterior and interior inspections of my STR property, as required in this application.

I hereby certify that the statements made herein have been examined by me and are, to the best of my knowledge, truthful and accurate. Any section found to be incomplete, inaccurate, or intentionally untruthful may be reason to deny this application.

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____ / _____ / _____

SECTION TO BE COMPLETED BY THE CODE ENFORCEMENT OFFICER

- 1. Maximum approved occupancy for the STR: _____
- 2. An Inspection of the STR listed on the application was completed on _____
By Enforcement Officer _____
- 3. Results of the Inspection: PASSED FAILED
- 4. A copy of the House Rules is attached and meets the criteria: YES NO
- 5. A copy of the Plat is attached: YES NO
- 6. A copy of the Certificate of Insurance YES NO
- 7. A copy of the Chautauqua County Certificate of Authority to collect Bed Tax
 YES NO
- 8. Any pertinent notes: _____

Name of Code Enforcement Officer: _____

Signature of Code Enforcement Officer: _____

Date: _____ / _____ / _____

For Office Use ONLY:

Date Permit Issued: _____ / _____ / _____

Expiration Date: _____ / _____ / _____

Denied: YES NO

Denial Date: _____ / _____ / _____

Reason: _____

Appeal Date: _____ / _____ / _____

Decision: _____
