

Town of Gorham
4736 South Street PO Box 224
Gorham, NY 14461
585-526-6317

Short-Term Rental (STR) Permit Application

PROPERTY ADDRESS: _____

TAX MAP# _____

OWNERS NAME: _____
ADDRESS: _____

OWNERS AGENT (if applicable): _____

24 HOUR CONTACT INFO: _____

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1. I certify that the COVID-19 CDC guidelines, NYS DOH, and Short-Term Rental regulations/ requirements (Section 23.8(A) 1-6 of The Town of Gorham STR Local law) are posted in the short-term rental unit near the front door.
 2. Evidence of property insurance is attached.
 3. Certificate of liability insurance indicating premises is rated as short-term rental. May be in the name of the listing agent for such property (min.\$1,000,000.00) is attached.
 4. Maximum sleeping occupancy based on the short-term rental regulations _____
 5. Unit Rental Period: All Year ___ or Seasonal ___ (If seasonal provide dates) _____
 6. Maximum number of Parking Spaces based on short-term rental regulations _____
 7. If water source is a private water supply system then I have provided documentation with evidence of potability and supply adequacy for number of occupants.
 8. The Septic System serving the short-term rental is:
Private _____ Public _____ (disregard #9 if public)

9. Septic System Rating (# of bedrooms) _____
Last Inspection Date ___/___/___
10. Attached is an accurate site/floor plan at least 8.5" x 11.0" of the short-term rental unit showing:
- a. Location of building & required parking
 - b. Basement, first floor, second floor and attic to include house utilities, all rooms including number of bedrooms, windows, exits and heating/cooling units
(Provide square footage information for all rooms including bedrooms)
11. The short-term rental unit has a smoke detector in each sleeping room and one smoke/carbon monoxide detector on each floor and within 10 to 15 feet from sleeping room.
12. An emergency evacuation procedure is posted in each sleeping room of the short-term rental unit.
13. A fire extinguisher with an ABC rating has been provided on each floor level and the kitchen of the short-term-rental unit.
14. The house number has been posted on the dwelling with or comprising the short term rental unit of at least 4 inches in height with dark lettering on a light background that is visible from street/road providing access to the building and the house number so posted is the official address number assigned to the property by the Town of Gorham in compliance with the Ontario County Addressing Policy.
15. I certify that all exterior doors of the dwelling with or comprising the short-term rental unit application are operational and all passageways are clear and unobstructed.
16. I certify that all electrical systems of the dwelling which is the subject of this application are serviceable with no visual defects or unsafe conditions.
17. I certify that any and all fireplaces, furnaces and other fuel burning appliances in the dwelling which is the subject of this application are properly vented and properly installed.

18. I certify that secure garbage and recycling containers are provided for the use of short term renters at the short term rental unit and placed where they are not clearly visible and a copy of a disposal contract or Town of Gorham transfer station permit valid for the period of the STR permit is attached.

19. Short-term rental application fee (\$150.00) paid.

I HAVE READ ALL THE TOWNS REGULATIONS PERTAINING TO THE OPERATION OF A SHORT-TERM RENTAL AND I CERTIFY THAT ALL THE INFORMATION I HAVE PROVIDED TO BE TRUE. I ALSO AGREE TO ALLOW FOR INSPECTIONS TO BE COMPLETED UPON REQUEST BY THE TOWN TO VERIFY INFORMATION PROVIDED OR TO ADDRESS ANY COMPLAINTS THE TOWN MAY RECEIVE;

Signature _____

NOTARY ACKNOWLEDGMENT

STATE OF NEW YORK)

:ss.:

COUNTY OF ONTARIO)

On the ___ day of _____, in the year 20__ before me personally appeared _____, known to me to be the person who executed the within application, who being duly sworn by me did depose and say that he resides at _____ in the (municipality) _____, County of _____, State of _____; that they are the owner of the property that is subject of this Short Term Rental Permit Application as described in said instrument; that, they are authorized to execute the foregoing instrument as the owner of said property for the purposes set forth therein.

For office use only:

Verification of completed application and approval of permit: _____

PAID \$ _____

Permit Valid: _____ thru _____

SIGNATURE OF ZONING/CODE ENFORCEMENT OFFICER