

SBL: _____

Application Date: _____



TOWN OF WOODSTOCK

BUILDING DEPARTMENT

45 Comeau Drive, Woodstock NY 12498 Tel: 845-679-2113x13 • E-mail building@woodstockny.org

APPLICATION FOR SHORT TERM RENTAL PERMIT

OWNER OCCUPIED: HOME (1-2 BEDROOMS) ESTABLISHMENT (UP TO 5 BEDROOMS)
NON OWNER-OCCUPIED: HOME (1-2 BEDROOMS) ESTABLISHMENT (UP TO 5 BEDROOMS)

Property Owner : _____

(If LLC provide list of owners/ corporation papers)

Property Location: _____

Mailing Address: _____

Contact Phone #'s: _____

Email: _____

(If non owner occupied)

Prop. Manager/ Host: _____

Contact Phone #'s: _____

Email: _____

of Bed Rooms _____ #Off street parking spaces: _____

Pool/Hot tub _____ Yes _____ No

Water supply _____ Public _____ Private

Please Provide with this Application:

Proof of Residence _____

Copy of Tax Map w/ prop highlighted _____

Safety / Egress Plan _____

Layout of Property/ Site Plan _____

Parking Plan _____

Plan for Garbage removal _____

Potable Water Test (if private) _____

Copy of Ulster County Cert. of Authority _____

Notarized Affidavit &affirmation of local law _____

Short Term Rental Fee Schedule:

1. Application Filing Fee of \$50.00
(Due with this permit application)

2. Operating Fee Due Upon Approval
and Annually Thereafter
\$400 Plus \$50.00 per Bedroom
(DO NOT submit annual fee with permit application)

I acknowledge that my property will be subject to inspection by the Town.

Signature of Property Owner _____

Date _____

OFFICE USE:

Permit Fee: _____

STR Permit #: _____

SUP if required: _____

Paid Check #: _____

Zoning District: _____

Open Permits or Violations: _____

Revised 1/25/2024

AFFIDAVIT

I/We _____ are the owner(s) of the
property at _____

(street location)

In the Town of Woodstock.

I / We hereby swear that I/We have read the Short Term Rental law provided, and understand my obligations as the
property owner.

(owner)

(date)

(owner)

(date)

State of New York

County of _____

Subscribed to and sworn to (or affirmed) before me this _____ day of _____ year _____
by (print signer's name) _____

Notary Public