TOWN OF CONESVILLE

APPLICATION FOR SHORT-TERM RENTAL REGISTRATION

1- **Parcel SBL#:** _____

2- **911 Address of Short-Term Rental Residence**: _____
   Number of Bedrooms (5 maximum): _____
   Proposed Number of Occupants that can sleep in the STR (10 maximum): _____

3- **Owner Information:**
Property Owner: _____
Mailing Address: _____
Phone: _____ Email Address: _____

4- **Local Property Manager/Emergency Contact:** (if not owner), must be reachable in an
   emergency and must be no more than 30 miles from the rental property.

Name: _____
Mailing Address: _____
Phone:_____ Email Address: _____

5- **Source of Water Supply:** _____ Municipal _____ Private **(test required)**
6- **Parking:** # of Spaces _____ (MUST be off street)
7- **Garbage:** Individual or Company Responsible for Removal _____
8- **Insurance Information:** Submit Proof of Insurance.
9- **Registration with Schoharie County:** Submit Proof of Registration.

10- **Declaration**:
   I/We declare that the statements contained herein are true and I/We have not knowingly or
   willfully given a false statement or false information or omitted information in connection
   with this application.
   I/We have read and understand the Town of Conesville Short-Term Rental Regulations.

Signature of Owner(s): _____ Date: _____

                       _____ Date: _____

SUBMIT $250 REGISTRATION FEE WITH THIS FORM (non-refundable).

PLEASE MAKE CHECK PAYABLE TO THE TOWN OF CONESVILLE

FOR OFFICE USE ONLY
………

Date/Time Received: _____Fee Received (Date & Check #) _____

12/22