

TOWN OF ANCRAM
DEPARTMENT OF ZONING AND CODE ENFORCEMENT
BUILDING DEPARTMENT
1416 County Route 7
Ancram, NY 12502
Phone 518-329-6512 x207/208
Fax 518-329-6535

AFFIDAVIT FOR SHORT-TERM RENTAL RENEWAL

I, _____, (AFFIANT'S NAME) whose name is signed to this instrument, do hereby swear and affirm under penalty of perjury that the facts set forth in this statement are true and accurate.

1. I am over the age of 18, and currently reside at

2. I received a Short-Term Rental Operating Permit for property located at

_____ from the Town of Ancram on or about _____

3. I am seeking a Short-Term Rental Operating Permit renewal.

4. I certify that there have been no changes from the original permitted use to each of the following elements (initial to signify that no changes have occurred):

Approved property site plan	_____
Approved floor plan	_____
Photographs of structures and parking	_____
Proof of property tax payment	_____
Septic certification	_____
Certificate of insurance & paid receipt	_____
Owner and/or agent contact information	_____
Copy of advertisement	_____

5. I certify the only changes which have occurred are as follows:

6. I have paid the Building Department STR Operating Permit renewal fee of \$100.

7. Inspection has been completed and determined to be in compliance by the Building Department official.

Name (print) _____

Signature _____

Date _____