

**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

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared the above-named \_\_\_\_\_ and acknowledged the foregoing to be his/her free act and deed, before me.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public