Town of Yates
8 S. Main Street
PO Box 484
Lyndonville, NY 14098
(585)765-9716

Town of Yates Short-Term Rental Permit Application

Application Date: _____ Application type: ☐ New application ☐ Renewal ☐ Amendment

* SHORT-TERM RENTAL PERMITS SHALL BE VALID FOR 5 YEARS

1. Property Information

Property address:_____

Tax map or parcel number: _____

Type of property:☐ Single-family home ☐ Two-family home ☐ Apartment ☐ Cottage ☐Other:_____
Rental type: ☐ Entire property ☐ Private room or rooms ☐ Accessory dwelling unit ☐ Other: _____

Number of bedrooms available to guests: _____ Number of bathrooms: _____

Maximum rental period: 30 Consecutive Days

2. Owner Information

Property owner: _____

Mailing address: _____

Telephone: _____ Email Address: _____

If the property is owned by an LLC, corporation, trust, or other entity:

Legal entity name: _____

Authorized representative (Name and Title): _____

Business address: _____

Telephone: _____Email Address: _____

3. Local Contact or Property Manager

A responsible person who can respond to guest, neighbor, emergency, or municipal concerns:

Name: _____Relationship to Owner: _____

Local address: _____

24-Hour Telephone: _____ Email Address: _____

Expected response time to an emergency or complaint: _____

4. Safety and Property Information

The applicant certifies that the property has, as applicable:

- Working smoke alarms on each required floor and near sleeping areas.
- Carbon monoxide alarms where required.
- Fire extinguishers in accessible locations.
- Clearly marked exits and unobstructed pathways.
- Safe electrical, heating, plumbing, and structural systems.
- Adequate exterior lighting.
- Address numbers visible from the street.
- A posted list of emergency contacts and procedures.
- Adequate off-street parking.
- Proper garbage and recycling arrangements.
- Site plan showing buildings, parking, entrances, and outdoor areas
- Floor plan showing bedrooms, exits, smoke alarms, and carbon monoxide alarms

Heating system: ☐ Oil ☐ Gas ☐ Electric ☐ Other: _____
Septic system: ☐ No ☐ Yes ☐ Not applicable
Private well: ☐ No ☐ Yes ☐ Not applicable
Swimming pool or hot tub: ☐ No ☐ Yes
Fireplace or wood stove: ☐ No ☐ Yes, explain safety measures: _____
_____

5. Proposed Operating Rules

The following rules will be provided to every guest and posted inside the property:

1. Noise Local Law in effect, see Town of Yates General Code, Chapter 155.
2. Parking Local Law in effect, see Town of Yates General Code, Article VI, Section #240-42
3. Outdoor fires, grills, pools, and hot tubs must be used in a safe manner.
4. Guests must follow all local garbage and fire-safety requirements.

5. Guests must not block roads, sidewalks, driveways, or emergency access.

6. Required Attachment

Please attach a copy of the property Certificate of Occupancy.

☐ Certificate of Occupancy

7. Owner Certification

I, _____, certify that I am the owner or authorized representative of the property identified in this application. I certify that the information provided is true and complete to the best of my knowledge.

I agree to:

- Operate the property in compliance with all applicable Town and New York State, fire, building, zoning, health, and safety requirements.
- Obtain all required permits, registrations, inspections, and approvals before accepting guests.
- Maintain appropriate insurance coverage.
- Follow the approved parking, noise, and safety requirements.
- Provide guests with the approved house rules and emergency information.
- Keep the municipality informed of changes to ownership, contact information, property layout, or rental use.
- Allow authorized municipal officials to inspect the property as permitted by law.
- Accept responsibility for violations by guests, occupants, agents, or property managers. Violations and Penalties Local Law in effect, see Town of Yates General Code Article I, Section #240-7.

Owner signature:_____ Printed name:_____

Date:_____

For Municipality Use Only
Application received: _____
Zoning review: ☐ Approved ☐ Denied ☐ Pending
Building inspection: ☐ Approved ☐ Denied ☐Pending
Fire inspection: ☐ Approved ☐ Denied ☐Pending
Permit number: _____
Permit expiration date: _____
Approved by:_____
Title: _____
Signature:_____
Date:_____