

Registry # _____

Tax Map # _____

(office use only)



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Tel. 631-749-0772

LIMITED COMMERCIAL VACATION RENTAL LICENSE

APPLICATION INSTRUCTIONS

1. Application must be filled out completely, signed and notarized.
2. **Safety Inspection Required.** The owner shall provide a written certification, form to be provided by the Building Department, from a licensed architect, licensed engineer or licensed home inspector that states that the rental dwelling unit fully complies with all the provisions of the Property Maintenance Code of the New York State Uniform Fire Prevention and Building Code and Code of the Town of Shelter Island. The certification shall include, but not be limited to, the number of bedrooms as indicated on the building plans filed with the Building Department for the structure(s) in which the rental is located, the square footage of each bedroom the location of every smoke & carbon monoxide detector, and a description of every improvement indicated on the survey.
In lieu of the provision of a certification, an inspection may be conducted by the Building Department, and in cases where questions or concerns exist regarding information presented within an application the Building Department retains the right to require an inspection.
3. Any property offered for rent on Shelter Island shall have a valid and current Certificate of Occupancy or Certificate of Compliance and shall be in compliance with the New York State, Suffolk County and Shelter Island Town Building and Fire Codes.
4. The total number of rooms utilized as bedrooms in any property offered for rent on Shelter Island shall not exceed the number indicated on the building plans filed with the Building Department for the structure(s) in which the rental is located.



LIMITED COMMERCIAL VACATION RENTAL LICENSE APPLICATION

I. Property Information:

Property Address: _____, Shelter Island, New York, 119_____

If there is more than one structure on the property indicate which structure(s) will be rented: _____

II. Owner Information:

Property Owner Name: _____

Property Owner Legal Address: _____

Telephone # _____ Cell # _____ Emergency# _____

Property Owner Email Address: _____

III. Corporation Disclosure

If the dwelling intended for rental occupancy is owned by a corporation, partnership, trust, Limited Liability Company or any entity other than a natural person, the following must be provided:

*The name, address, telephone number of each owner, officer, director, principal, shareholder, partner, settlor, trustee, beneficiary and/or member of such business entity. (Attach to application)

*Formation or operational documents showing the above associations must also be attached.

***A representative with authority to make decisions for the entity must be identified and such person must provide:**

Name: _____

Title or position with the owning entity: _____

Legal Address: (No PO Boxes): _____

Telephone: _____ **Cell:** _____ **Emergency** _____

Property Owner Email Address: _____

IV. Local Contact Person Information

Name of Local Contact Person (LCP): _____

Physical Address of LCP: (must reside on Shelter Island)

Mailing Address of LCP: _____

Telephone: _____ **Cell:** _____ **Emergency:** _____

LCP Email Address: _____

V. Designation of Agent for Service Process

(Choose one of the following)

The property owner _____,
residing at _____, Town of _____,
State of _____

OR

partnership Limited Liability Company Trust corporation duly organized
pursuant to the laws of the State of _____, with a business office located at
_____, Town of _____ State of _____
by its _____ and authorized representative, _____
does hereby designate:

OR

The Town Clerk of the Town of Shelter Island with an office at 38 North Ferry Rd.,
Town of Shelter Island, County of Suffolk, State of New York

OR

_____ located at _____,
Shelter Island, New York 119____ as his (her or its) agent for service pursuant to
CPLR 318.

VACATION RENTAL STRUCTURE INFORMATION:

**Total Number of Conventional Bedrooms- Must not exceed the number of bedrooms on
record _____**

Maximum number of Renters allowed: (Two adults per bedroom)_____

VI. CERTIFICATIONS

Please initial and complete the following to indicate that it is read and understood. Write N/A if not applicable to your situation.

STATE OF NEW YORK

COUNTY OF SUFFOLK

I certify, under penalty of perjury,

_____ That the statements made in this application (including statements made in any accompanying papers) have been examined by me and the same are true and accurate.

_____ That I am the _____ of the entity that owns the property for which this license is sought and as such I certify that neither that entity, nor any parent or subsidiary entity nor any owner, officer, director, principal, shareholder, partner, settlor, trustee, beneficiary and or member thereof has already obtained, or applied for or been denied any rental license of any type from the Town of Shelter Island.

_____ I have read copies of the Shelter Island Short Term Rental law and the New York State Property Maintenance Code and agree to abide by the same. To the best of my knowledge there are no existing safety or health code violations of the Code of the Town of Shelter Island or the New York State Uniform Fire Prevention and Building Code at the property which is the subject of this rental permit application.

_____ I do not have any knowledge of complaints from tenants or others regarding any existing code, safety or health violations at the property which is the subject of this rental permit application.

_____ I carry liability insurance that covers injuries to renters.

Property Owner's Name: _____

Owner's (Original) Signature: _____

On the ____ day of _____ in the year _____, before me, the undersigned personally appeared _____ personally known to be or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they had the capacity and/or authorization to execute the document.

Original Notary Signature
