

TOWN OF AMBOY
APPLICATION FOR SHORT-TERM RENTAL

For Planning Board Use Only:

Tax Map Parcel No.: _____
Application Number: _____ Received by: _____
Application Fee \$ _____ Date: _____

24 HR. Emergency Contact:

Name: _____ Name: _____
RentalAddress: _____ Address: _____
Tax ID: _____ Phone No.: _____
Zone: _____

Rental Operations:

Number of Occupants.: _____
Number of Parking Spaces: _____
Quiet Hours (Required): _____

New York State Requirements (Article 12-D: Real Property Law):

	YES	NO
(1) Registered with Oswego County (Begins Jan 1, 2026).....		
(2) Has valid Oswego County Registration Number in Good Standing.....		
(3) Conspicuously posted evacuation diagram identifying all means of egress.....		
(4) Conspicuously posted list of emergency phone numbers (fire, police, poison control).....		
(5) Working Fire Extinguisher.....		
(6) Insured by an insurer for a minimum of \$300,000 coverage for property damage or bodily injury.....		

NOTE TO APPLICANT:

Before you submit this application for approval of a special use permit, **MAKE SURE** that all applicable requirements of the Town of Amboy Zoning Law have been met. A permit will not be issued until the Enforcement Officer has inspected the rental unit to verify compliance with all local laws, the NYS Uniform Fire Prevention and Building Code, proper sanitary disposal, the availability of sufficient lawful parking areas and compliance with the terms and conditions of any current permit.

Signature of Applicant

Date: _____

Sworn to before me this _____
day of _____, _____

Notary Public

Signature of Landowner
(If Applicant is not Landowner)

Date: _____

Sworn to before me this _____
day of _____, _____

Notary Public