

Town of Andes Office of Code Enforcement

PO Box 132

Andes NY 13731

(845) 676-4707

andesbuildingandcode@gmail.com

TDD—1-800-662-1220

Transient Rental Permit Application

Application Fee: _____

Received by: _____

Date Received: _____

Property Information:

Physical Address: _____

Tax Map Id: _____

Owner Name: _____

Owner Phone: (Daytime) _____ (Nighttime) _____

Owner Email: _____

Name of Business (if applicable): _____

Local Manager (if applicable):

Contact Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: (Daytime) _____ (Nighttime) _____

Email: _____

Rental Information:

Description: _____

Number of off street parking spaces: _____

Occupancy: _____ persons

Bed Tax Identification Number: _____

The following must be provided with your application:

- Non-refundable fee
- Copy of the letter sent to property owners within 200 feet of the rental property and signed statement including the list and tax map number of those who were sent the letter.
- Copy of a valid Certificate of Compliance (issued after inspection)
- Copy of House Rules