



Town of North Elba
Village of Lake Placid
2693 Main Street
Lake Placid, N.Y. 12946
Phone: 518-523-9518
Fax: 518-523-9772
Email: planning@northelba.org

TRANSIENT RENTAL PERMIT APPLICATION

Permit Number _____

Expiration Date _____

Name of Property Owner: _____

Address of Rental Property _____

Property Owner: Telephone contact: _____

E-mail _____

Submissions required for a complete application include:

1) Notification from an insurance company acknowledging the property is used as a transient rental. (A sample letter can be provided upon request)

2) A rough sketch floor plan (requirement may be waived)

3) The following notarized affidavit regarding the unit to be rented:

A) I certify that street side emergency address numbers are displayed in accordance with 911 regulations.

B) I certify that all smoke alarms and carbon dioxide detectors (where applicable) are in correct working order and that the correct number of devices are installed per the New York State Building Code.

C) I certify that a working fire extinguisher is located in each cooking area and in close proximity to each open flame source.

D) I certify that all chimney flues have been cleaned during the last 12 months.

E) I certify the trash containers are of sufficient size to accommodate the maximum occupancy allowed and that a collection plan is in place.

F) I certify that I will notify tenants of noise and parking regulations in accordance with the applicable Town or Village Laws.

G) I certify that I will supply adequate on-site parking as required by the Lake Placid / North Elba Building Office.

H) If the rental unit is supplied by a municipal water source I certify that a meter supplied by the Lake Placid Village Water Department for monitoring use is hooked into the system.

I) I certify that the following individual is designated the emergency contact person and that he / she lives within 25 miles of the rental unit.

Designated Representative: _____
(may be owner)

Address of Representative _____
(must be within 25 miles
of Rental Unit) _____

Emergency Contact Number(s) _____
(available 24 hours)

**The designated representative must be on call at all times to manage the rental during any period within which the rental is occupied. It is my responsibility to contact the Town/Village within 30 days if there is a change of representative.*

I, _____ (print name), certify that the Transient Rental Permit for which I am applying meets all of the criteria described above. I acknowledge that failure to comply with the transient rental requirements may result in revocation of the Transient Rental Permit.

Signature of Property Owner

Sworn to and signed before me this
_____ day of _____, _____

Notary

FOR OFFICE USE:
Max Occupancy _____
On-site Parking _____
(required spaces)