



**BUILDING DEPARTMENT
TOWN OF UNION VALE
249 Duncan Hill Road
Lagrangeville, NY 12540**

Short Term Rental Property Registration Form & Self-Inspection Checklist

To register your residential property and receive a Short-term Rental Registration Number, please complete the following:

1. Fill out the Short Term Rental Property Registration Form and the Short Term Rental Property Self-Inspection Checklist and have it notarized.
2. Verify that a Certificate of Occupancy is on file with the Building Department.
3. Pay Short Term Rental Property Registration **Fee of \$100.00** for 1-year term via check payable to **Town of Union Vale**

** Denotes Required Information*

Date Paid: _____

PROPERTY OWNER INFORMATION

*Name(s) _____
 *Physical Address _____
 *Mailing Address _____
 *Telephone Numbers Work: _____ Cell: _____
 *Email Address _____

AUTHORIZED DESIGNEE / AGENT (if applicable)

Name(s) _____
 Physical Address _____
 Mailing Address _____
 Telephone Numbers Work: _____ Cell: _____
 Email Address _____

RENTAL PROPERTY INFORMATION

*Physical Address _____
 * [Dutchess County Tax Map](#) # _____ *Use live link to access parcel # if needed*
 *Number of Rooms in Rental Property _____ Excluding Bathrooms
 *Number of Bedrooms _____
 *Square Footage of each respective bedroom in the rental property, excluding closet space, enter (N/A) if not used

Bedroom #1 _____	Bedroom #3 _____	Bedroom #5 _____
Bedroom #2 _____	Bedroom #4 _____	Bedroom #6 _____

If additional Bedrooms, please note

PARKING

Vehicle limits will be determined by Municipal Code Enforcement Officer.

By submitting this signed form, property owner consents to Inspections by Municipal Code Enforcement Officer and/or designated employees if deemed necessary.

Sworn to before me this _____ day
 of _____, 20_____.
 _____ (Notary Public)

 Owner or Authorized Designee

TOWN OF UNION VALE

RENTAL PROPERTY SELF-INSPECTION CHECKLIST

**Please check
if condition is met**

All questions must be answered. Failure to answer any question will delay your Issuance of a Short Term Rental Registry number

EXTERIOR OF THE HOUSE

1. House # is posted in numerals a minimum of 4 inches tall
2. House # is visible from the street
3. Is there a swimming pool? _____ "Y" or "N"; If NO, go to #8
4. There is a code compliant, 4 ft. high fence around pool
5. Pool gates are self-closing, self-latching and lockable
6. There is a working alarm on every door to the pool area
7. There is an alarm in the pool
8. Trash disposal will be arranged

Please Note – Proper trash disposal is mandatory pursuant to Chap. 188 of the Union

Vale Town Code. You are obliged to arrange one of the following options:

1. Obtain a 1-Year Recycling Permit at the Town Clerk's Office Permit # _____
2. Hire a private carter of your choice and provide proof of engagement.

INTERIOR OF THE HOUSE

1. How many bedrooms are in the house?
2. How many levels, including a basement, if applicable, are in the house?
3. Is the basement a lower-level recreation area?
4. Are there sleeping areas in lower-level basement?
5. There are handrails on all stairways
6. The electrical panel is properly marked
7. Are there any open building permits or violations on this property?

SMOKE DETECTORS/CARBON MONOXIDE DETECTORS/ FIRE EXTINGUISHERS

1. Smoke detectors and carbon monoxide detectors are installed and working on every level and in every sleeping area (including the basement if applicable)
2. Smoke and carbon monoxide detector batteries are replaced Annually
3. Fire extinguishers are functional and location is clearly marked (one on each floor)

FIREPLACE/WOOD BURNNG/ PELLET STOVE

1. Does your home have a fireplace, wood-burning or pellet stove? _____ If YES, answer #2
2. The fireplace, wood-burning stove or pellet stove has a door(s) and/or screen(s)

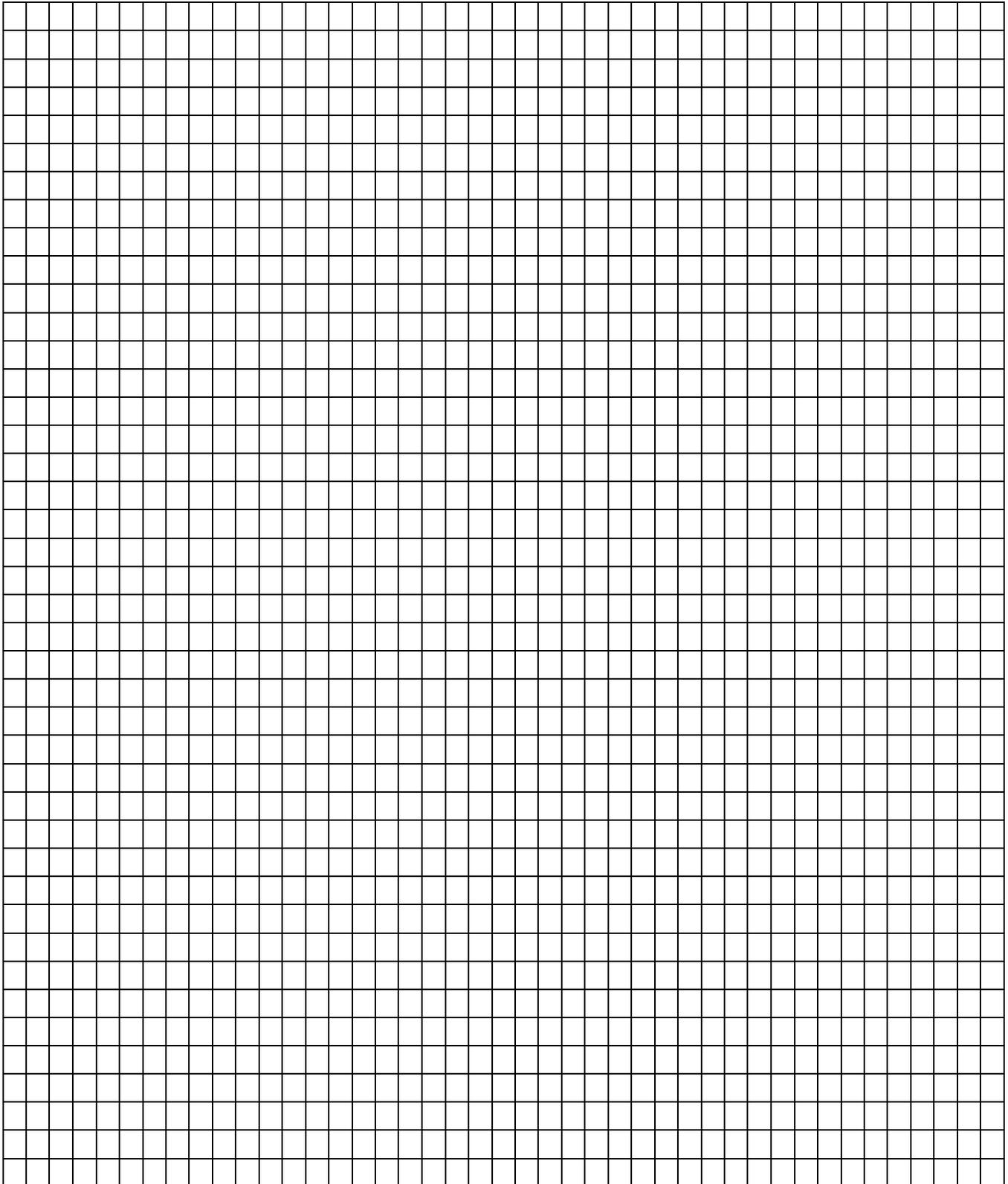
Sworn to before me this _____
day of _____, 20____. (NOTARY PUBLIC)

Owner, Licensed Architect, Engineer,
or Home Inspector

REQUIRED DRAWING/ FLOOR PLAN for SHORT TERM RENTALS

OWNER NAME: _____ **SITE ADDRESS:** _____

If renting the entire house – draw complete floor plan. If renting out specific rooms, draw room floor plan (s) with all entrances and exits identified.





Town of Union Vale

Building Department

SHORT TERM RENTAL OPERATING PERMIT

Property Address: _____ Permit #: _____

Tax Grid Number: _____ Maximum Occupancy: _____

Number and Location of Parking Spaces: _____

Vehicle Limits: _____ Conditions: _____

Trash Removal: _____
(Indicate UV Recycling Center or Private Carrier)

Union Vale Recycling Center Address:
2006 Route 55, LaGrangeville, NY 12540

George Kolb, Jr.

Signature of Union Vale Code Enforcement Officer

Date of Issue

Property Owner(s)

Name: _____

Address: _____

Telephone #: _____

Agent's Name and Contact Information (if property owners are not reachable):

Name: _____

Telephone #: _____

**This permit must be displayed near the front door of the short-term rental unit during all rentals.
If there are any changes to the information contained in this permit, the Code Enforcement Officer must be notified immediately.
Town Hall (845) 724-5600 • DC Sheriff's Department (845) 486-3800 • All Fire & Medical Emergencies dial 911**