



TOWN OF CLINTON
1215 CENTRE ROAD
RHINEBECK, NEW YORK 12572
(845) 266-5704
FAX (845) 266-5748

**Type-2, Non-Hosted Short-Term Rental Special Use Permit
Application**

1) Name, Address, E-mail Address and 24-hour Telephone Number of property owner:

2) Name, Address, E-mail Address and 24-hour Telephone Number of property manager, if applicable:

3) Address of dwelling intended to be used as a Type-2, **Non-Hosted** Short-Term Rental:

4) Number of bedrooms intended to be used as a Type-2, Non-Hosted Short-Term Rental: _____

5) If dwelling is served by a private Septic System attach a Septic System Inspection report, dated within ninety (90) days of this application.

6) Attach a copy of current Dutchess County Hotel Occupancy Tax Certificate.

7) Number of off-road parking spaces at proposed Type-2, Non-Hosted Short-Term Rental.

8) Attach proof of one million dollars (\$1,000,000) liability and personal injury coverage provided by the Short-Term Rental Facilitator. If the Short-Term Rental Facilitator does not provide insurance coverage, proof of the following insurance coverage must be provided:

(a) A rider on a homeowner's policy that expressly covers Short-Term Rentals and provides a minimum of one million dollars (\$1,000,000.00) liability and personal injury coverage, naming the Town of Clinton as additionally insured; **OR**

(b) A commercial insurance policy covering short-term rentals at the permitted address that provides a minimum of one million dollars (\$1,000,000.00) liability and personal injury coverage, naming the Town of Clinton as additionally insured.

9) Attach a visual depiction of the site, including driveways and parking areas. This may include sketches, photos, or plans.

10) Attach a short narrative describing the owner(s) intention for the Type-2, Non-Hosted Short-Term Rental. This must include the expected rental nights per year, number of Lodgers expected, and whether the Short-Term Rental will be owner occupied at any point during the period which the Special Use Permit is granted.

11) Enclose payment of \$_____ Application Fee.

PLEASE TAKE NOTICE: A Type-2 Non-Hosted Short-Term Rental Special Use Permit shall require renewal by the Planning Board no later than each anniversary of such issuance. The owner(s) must request the renewal in writing by submitting a Type-2 Non-Hosted Short-Term Rental Renewal Form to the Planning Board at least ninety [90] days prior to such anniversary. Failure to do so may result in the lapse of the Special Use Permit. Within thirty [30] days after receipt of a renewal request, the Zoning Administrator shall review whether the Short-Term Rental is in compliance with the terms of its Short Term Rental Special Use Permit and the provisions of the Town Code. The Zoning Administrator's report shall also include open violations of the Town Code at the Dwelling or Accessory Dwelling Unit. The Planning Board shall have the discretion to amend the Special Use Permit or deny renewal for good cause shown, which may include but is not limited to considerations of sound, smoke, disorderly conduct, or public safety. The Planning Board may, in its discretion, hold a public hearing in connection with any renewal request.

Owner/Applicant signature: _____

Date: _____