

**SHORT TERM RENTAL  
COMMERCIAL - CONDITIONAL USE SUPPORT STATEMENT**

Parcel ID Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E. Mail Address:** \_\_\_\_\_

**1. 911 Location:** \_\_\_\_\_

- Village: Allowed no more than 6 times per calendar year, except during foliage**
- Town: Allowed no more than 10 times per calendar year, except during foliage**

**2. Owner/manager must be present during foliage rental period.**

**3. Name, address, phone number of Manager (must be kept up-to-date)**

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\_\_\_\_\_

\_\_\_\_\_

**4. Changes in ownership requires a new permit.**

**5. Existing By-laws**

Village: Section 522, page 41 of Village Zoning Regulations

Town: Section 526, page 50 of Town Zoning Regulations