

TOWN OF LYME

Registration to Operate a Short-Term Rental Unit *Annual Requirement for each rental property*

Owner Contact/Property information:

Property Information:

Rental Property Address:

Owner Information:

Name: _____

Physical Address:

Mailing Address:

Contact Information:

Home Phone #: _____

Cell Phone #: _____

Emergency Phone #: _____

E-Mail: _____

Managing Agent Information (If different than above)

Name of Managing Agent of dwelling unit:

Physical Address of Managing Agent:

Mailing Address of Managing Agent:

Contact Information for Managing Agent:

Daytime #: _____

Evening #: _____

Emergency #: _____

Declaration:

I, _____, certify under penalty of perjury, that the statements made in this application have been examined by me and the same are true and accurate. I agree to abide by the Town of Lyme Zoning Ordinance and the New York State Property Maintenance Code. To the best of my knowledge, there are no existing safety or health code violations of the laws of the Town of Lyme or the New York State Uniform Fire Prevention and Building Code at the property for which is the subject of this rental permit application.

Print Property Owner's Name:

Signature of Property Owner:
