

TOWN OF LYME

ANNUAL REGISTRATION -SHORT-TERM RENTAL UNIT OPERATION (separate registration required for each unit)

OWNER CONTACT/PROPERTY INFORMATION:

RENTAL PROPERTY INFORMATION

Address: _____

Parcel #: _____

OWNER CONTACT INFORMATION:

Name: _____

Telephone: _____ Emergency Phone: _____

Physical Address: _____

Mailing Address: _____

Email: _____

MANAGING AGENT INFORMATION (If different)

Name: _____

Telephone: _____

Physical Address: _____

Mailing Address: _____

Email: _____

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:

Owner's Signature