

Town of St. Armand
PO Box 338, 1702 NYS Route 3
Bloomingdale NY 12913
Phone: 518-891-3189 Fax: 518-891-6092
www.townofstarmandny.gov

Town of St. Armand Short Term Rental Permit Application Form:

Please print or type _____ Date: _____

Business Name or N/A: _____

Owner Name: _____

Mailing Address: _____

Telephone #: _____

Email address: _____

Short Term Rental physical address: _____

Local Contact Person: _____

Title: _____ Telephone #: _____

Physical address: _____

Email address: _____

Is this a Rental Agency? _____ Yes _____ No

Type of Rental, circle one: Single Family Home Cabin Cottage Apartment

Other, specify: _____

Type of Application, circle one: New Renewal

If this a Renewal application, what is your previous permit #: _____

Local Law #1 of 2023 applies to this permit. Please ensure that you have read and understand Local Law #1 of 2023 before signing this document. By signing below, you are acknowledging and agreeing that the Short Term Rental meets the requirements, including but not limited to: working smoke detectors and carbon monoxide detectors, meets all building and safety codes, has a way to put out backyard fires, etc.

Under the penalty of perjury, I hereby certify that the statements made herein have been examined by me, and are, to the best of my knowledge and belief, true, correct and complete.

Date: _____

Signature of property owner:
