



TOWN of CHEEKTOWAGA

Building and Plumbing Dept.

Office of Fire Safety

Short-Term Rental Registration and Operating Permit

FOR OFFICIAL USE ONLY

____ / ____ 20____
Date of Application

Received By

____ - ____
STR Operating Permit No.

____ / ____ 20____ AM PM
Inspection Date

Permit application fee \$600.00 payable at time of filing.

Fee is per rental unit to be used as a Short-Term Rental
Permit fee includes 1 Inspection. Each Additional Inspection: \$75

Payment date: ____ / ____ 20____

APPLICANT to COMPLETE the PINK PORTION!

TYPE OF BUILDING:

- Single-Family Home Multi-Family Home (2 Units) Multi Family (3+ Units) Other(subject to review)

AREA OF RENTAL OCCUPANCY:

- Whole Home First Floor Second Floor Basement

Address of Short Term Rental

Cheektowaga, NY 14____ @_____
email address

Owner's Name

(____)_____
Daytime Phone No.

(____)_____
Cell Phone No.

Owner's Legal Address

_____, ____
City State Zip code

email address @

Local Managing Agent/Key Holder Information:

Name

(____)_____
Daytime Phone No.

(____)_____
Cell Phone No.

Address

_____, ____
City State Zip code

email address @

INDICATE LISTING LOCATIONS:

- AirBNB VRBO EXPEDIA Priceline OTHER (please list) _____

ADDITIONAL INFORMATION AND REQUIREMENTS ON REVERSE SIDE

Fire Protection/Safety Equipment Reports

(indicate all reports being provided with application)

The following information for all applicable fire protection equipment must be submitted to the Town of Cheektowaga Office of Fire Safety, before a permit or renewal of an existing permit will be issued!

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| Smoke/CO Detectors installed in compliance with FCNYS..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Address Number clearly visible from the road..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Life Safety plans posted to interior of each sleeping room door..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Fire Extinguisher Annual Recertification as per NFPA 10..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Emergency Information & Owner/Agent Contact Posted Conspicuously... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Erie County Short -Term Rental registration Posted Conspicuously..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| “Good Neighbor” Statement Posted Conspicuously (Provided by Town).. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| All exterior doors and windows operational and free of obstructions..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Fire Extinguishers installed as per Cheektowaga Code 201-7A(3)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

An Operating Permit will not be issued unless the above indicated documents have been submitted!

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| Knox Box has been installed (Optional)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Secured Keys are current..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Operation of a Short-Term Rental without a permit is a violation of the Town of Cheektowaga Code and punishable by a fine and/or jail.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION PROVIDED IS CORRECT, AND THAT I AM THE OWNER, OR AM DULY AUTHORIZED TO ACT ON THE OWNER’S BEHALF, AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICATION REQUIREMENTS OF THE FIRE PREVENTION CODE. I FURTHER UNDERSTAND THAT THIS PERMIT IS NOT A LICENSE.

Applicant's Signature

Applicant's Title

Return this application and the appropriate fee to:

**The Town of Cheektowaga Office of Building and Plumbing Inspections
275 Alexander Avenue, Cheektowaga, New York 14211**

**All attachments, certifications or drawings can be emailed to Firesafety@tocny.org.
Any additional questions should be directed to the Office of Fire Safety at (716) 686-3490.**

Required Documents Checklist to be found on next page

Required Documents as per Cheektowaga Code 201-8:

- Proof Of Ownership
- Name, Address, Telephone number and electronic mail address of the person to be conducting the rental sale or other activity; the name, telephone number, electronic mail address, and the business or organization for which the certificate of registration is sought, or if acting as an agent, the name, address, telephone number, and electronic mail address of the principal property owner who is being represented, with credentials in written form establishing the relationship and the authority of the employee or agent to act for the employer or principal, as the case may be
- Name, address, telephone number, cellular number, and electronic mail address of any individual who shall be authorized to act on behalf of the owner to promptly rectify and remedy any violations of the standards related to this permit, including
 - Applicant
 - Owner
 - Business or organization
 - Authorizing Parties
 - Local Points of Contact
- Copy of property survey
- Proof of insurance for the premises
- Proof of compliance with all aspects of County of Erie Short-Term Rental requirements
- Copy of Life Safety Plan for the premises