

For office use only

Tax Map # _____
Date Received _____
Fee Received (Date & check #) _____
Referral to CEO (date) _____
CEO Inspection Date _____

911 Address _____
Zoning District _____
School District _____
CEO approval Date (if applicable) _____
CEO Denial Date (if applicable) _____

VILLAGE OF ATHENS
APPLICATION FOR SHORT TERM RENTAL REGISTRATION

1- Statement of Ownership and Interest

The Applicant(s) _____

Is/are the owners of property located at (Tax Map #) _____

The Applicant(s) Mailing Address is _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Name (must be reachable in an emergency) _____

Emergency Contact Phone Numbers - Home Phone _____ Cell Phone _____

911 Address of Short Term Rental Residence _____

Number of Bedrooms _____ Number of Bathrooms _____

Maximum Number of Occupants _____

Number of Parking Spaces _____

2- Site Visit

During Application Review CEO may conduct a Site Visit. If you object please check this box ☐

3 —Declaration

I/We declare that the statements contained herein are true and I/We have not knowingly or willfully given a false statement or false information or omitted information in connection with this application

Signature of Owner(s) _____

Date _____

Effective 12/10/2025

FEE for resident- \$350.00

FEE for non-resident- \$550.00

Please make checks payable to: Village of Athens, 2 First Street, Athens, N.Y. 12015