



## Village of Colonie

Village Hall, 2 Thunder Road, Colonie, NY 12205  
Telephone: (518)869-7562 Fax (518) 464-0389  
[www.colonievillage.org](http://www.colonievillage.org)  
villagehall@colonievillage.org

**Building  
Department**

### **SHORT TERM RENTAL APPLICATION**

1. PROPERTY OWNER: \_\_\_\_\_
2. OWNER ADDRESS: \_\_\_\_\_
3. OWNER PHONE NUMBER: \_\_\_\_\_
4. PROPERTY LOCATION: \_\_\_\_\_
5. PROPERTY AGENT (IF APPLICABLE): \_\_\_\_\_
6. TAX MAP ID: \_\_\_\_\_
7. AGENT PHONE NUMBER (IF APPLICABLE): \_\_\_\_\_
8. NUMBER OF ROOMS: \_\_\_\_\_ 8A. NUMBER OF BEDROOMS: \_\_\_\_\_
9. SQ FOOTAGE OF BEDROOMS:  
Bedroom #1: \_\_\_\_\_ Bedroom #2: \_\_\_\_\_ Bedroom #3: \_\_\_\_\_  
Bedroom #4: \_\_\_\_\_ Bedroom #5: \_\_\_\_\_ Bedroom #6: \_\_\_\_\_

**I hereby apply under the Code of the Village of Colonie for a permit to designate the above property as a short-term rental property. I certify that the statements herein contained are true to the best of my knowledge and belief and conform to all Codes of the Village of Colonie. I certify that I will comply with the building department in coordinating annual property inspections, and I will update the registry with new tenant information.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Agent (if applicable):** \_\_\_\_\_

[FOR OFFICIAL USE ONLY]

DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_