## **Town of Torrey**

P.O. Box 280 Dresden, NY 14441 315-536-6376 (Office) 315-536-5655 (Fax)

Reference: Town of Torrey Zoning Law Article XV, §98.128

Application No.:	STR			
Date Filed				
Fee Paid \$	Town Clerk Initials			
Inspection Date				
Date Approved _				
Maximum Occupancy age 12 and over				
Date Denied				
Reason				
ZO Signature				

Short-Term-Rental Permit Application					
Initial Application		Renewal A	Application		
Rental Property					
Address	Tax Map #				
<b>Property Owner</b>					
NameStreet Address					
City		State	Zip		
Telephone: Day	Night	Cell			
E-mail Address					
Torrey Tov Check here if the prope The following information must be p	ave a principal place own Hall.  rty owner is the local norovided if the local m	f business within Yat manager anager is someone of	tes County or within 30 miles of the her than the property owner.		
Local Manager Name					
Street Address City		State	Zip		
Name of Principal Place of Business Street Address	(if applicable)				
Telephone: Day	Night		Cell		
E-mail Address:					
Signature					
Property Owner	Local Manager (if applicable)				
Signature	Date		Date		