TOWN OF DELHI

APPLICATION FOR HOUSING SPECIAL USE PERMIT (SHORT TERM RENTALS)

For Office Use Only:				
Date:	Fee Amount:	Method of Payment:	Receipt #:	Rec'd By:

911 PROPERTY ADDRESS: _____ TAX MAP NUMBER: _____

1. Owner Information

Owner Name (If LLC Provide List of Owners/Corporation Papers):

_____

Mailing Address: _____

Owner Telephone Number: _____ Owner Email Address: _____

Owner Alternate Number: _____ Is the STR Owner Occupied? : ( ) Yes ( ) No

Does the Rental have a Delaware County Certificate of Authority? ( ) Yes ( ) No

2. Local Property Manager Information

Agent/Property manager: _____

Address of Property Manager: _____

Phone number of Agent/Property manager: _____

3. Insurance Information

Insurance Company Name: _____ Insurance Policy Number: _____

4. Property Information

Property Type: ( ) Single Family Residence or Duplex ( ) Multi Unit (3 or more units) ( ) Accessory Dwelling

( ) Room in Owner Occupied Residence ( ) Camper (Airstream) ( ) Campground

Number of Sleeping Rooms: _____ Total Number of Beds: _____

Number of Parking Spaces: _____ Is this property used for events? ( ) Yes ( ) No

Septic Tank Size: _____

5. Additional Information

1. Include a sketch of the floor plan including; Bedroom locations, Exit routes and where emergency information is located for guests.
2. A Site plan is required for all Housing Special Use Permits the site plan should include the following: dwelling location, Parking areas, septic location, well location, driveway, adjacent roads, water bodies, property boundaries
3. A copy of the "House Rules" for guests is required

_____

Print Name of Owner/Applicant Date

_____

Signature

By signing this application, you are confirming that you have read and understand Town of Delhi Local Law 3 of 2026