TOWN OF COLDEN, NEW YORK

SHORT-TERM RENTAL PERMIT PACKET (*Rev9 - 9/8/26*)

Town Clerk Packet, Including Instructions, for Special Use Permit Review

Packet Contents

- Submission Checklist
- Permit Application
- SEQRA Short Form Instructions
- SEQRA Screening Memo
- Good Neighbor Brochure
- Inspection Checklist
- Abbreviated Renewal Application

Town of Colden, Erie County, New York

Colden Town Clerk Office Address:
Colden Town Hall
Attn: Colden Town Clerk
8812 State Road
Colden, NY 14033

Town Postal Mail Address:
Colden Town Hall
Attn: Colden Town Clerk
PO Box 335
Colden, NY 14033-0335

Town Clerk's Telephone: (716) 941-5012
Town Clerk's Email Address: deborah.jusiak@townofcolden.com
Town of Colden Web Site: www.townofcolden.com

Colden Short Term Rental PERMIT / LICENSE SUBMISSION CHECKLIST

Applicant Name: _____

Property Address: _____

SBL / Tax Map No.: _____

Date Submitted: _____

Application Type: ☐ **New Permit** ☐ **Renewal** ☐ **Amendment**

REQUIRED ITEMS

☐ Completed application form.
☐ Proof of ownership or owner authorization.
☐ Site plan.
☐ Floor plan.
☐ Parking layout.
☐ Insurance certificate.
☐ Local contact information.
☐ Good Neighbor brochure / house rules.
☐ Inspection checklist, if required.
☐ SEQRA form, if required.
☐ Health department approval, if applicable.
☐ Filing fee paid.

COLDEN TOWN CLERK REVIEW

Date received: _____

Fee received: _____

Application complete: ☐ Yes ☐ No

Missing items: _____

_____

Colden Town Clerk Signature	Date

Colden SHORT-TERM RENTAL PERMIT APPLICATION

SECTION 1 — APPLICANT INFORMATION

Applicant Name(s): _____

Mailing Address: _____

Phone: _____ Email: _____

Owner Name(s), if different: _____

Owner Mailing Address: _____

Owner Phone: _____ Owner Email: _____

If applicant is an agent or manager, attach written authorization from the owner.

SECTION 2 — PROPERTY INFORMATION

Property Address: _____

Tax Map Parcel / SBL No.: _____

Zoning District: _____

Number of Dwelling Units on Site: _____

Type of STR Requested: ☐ Entire dwelling ☐ Portion of dwelling ☐ Accessory unit ☐ Other: _____

Number of Bedrooms to be used for STR: _____

Maximum Number of Guests Requested: _____

Maximum Number of Vehicles on Site: _____

SECTION 3 — REQUIRED CONTACTS

Primary Local Contact Person: _____

Address: _____

Phone: _____ Email: _____

24-hour response within 60 minutes capability: ☐ Yes ☐ No

Alternate Contact Person: _____

Phone: _____ Email: _____

Emergency Responsible Person, if different: _____

Phone: _____

SECTION 4 — OWNERSHIP AND USE QUESTIONS

☐ Yes ☐ No Applicant is the record owner of the property.

☐ Yes ☐ No Property is the applicant's primary residence.

☐ Yes ☐ No Property is owner-occupied.

☐ Yes ☐ No Any STR permit for this property has ever been revoked.

☐ Yes ☐ No Any owner/operator convicted of a crime related to rental operation or nuisance violations.

☐ Yes ☐ No Property will be rented for periods of less than 31 consecutive days.

☐ Yes ☐ No Property will be advertised on Airbnb, Vrbo, social media, or other platforms.

SECTION 5 — SITE AND PARKING INFORMATION

Attach a NYS Sealed Survey and marked up site plan showing all structures, driveway, parking, walkways, open areas, water/sewer, drainage, and any other information required by the Town for special use permit review.

Off-street parking spaces available: _____

Guest parking spaces designated: _____

Shared driveway or easement present: ☐ Yes ☐ No

If yes, explain: _____

SECTION 6 — HEALTH, SAFETY, AND CODE COMPLIANCE

☐ Smoke detectors are installed and operational.

☐ Carbon monoxide detectors are installed and operational.

☐ Fire extinguishers are provided and maintained.

☐ Emergency exit routes are clearly marked and unobstructed.

☐ House number is clearly visible from road and driveway.

☐ Electrical system is in safe operating condition.

☐ Heating systems, fireplaces, and fuel-burning appliances are safe and code-compliant.

☐ Water supply is safe and adequate.

☐ Septic system is safe and adequate.

☐ Garbage and recycling storage are adequate.

☐ Property will comply with all applicable NYS Uniform Code and Fire Code requirements.

☐ Property will comply with all applicable Town of Colden Short Term Rental Code and Town of Colden Zoning Code requirements.

SECTION 7 — OPERATING STANDARDS

☐ Maximum occupancy limits set by the permit.

☐ Maximum parking limits set by the permit.

☐ Quiet hours: _____ to _____ (ref Colden STR Code: STR House Rules may restrict more hours)

☐ No loud parties, excessive noise, or nuisance activity.

☐ A responsible party (host or agent) will respond within 60 minutes if a complaint or issue arises.

☐ A guest information packet will be posted inside the unit.

☐ Trash will be managed so it is not visible from the road except for pickup day.

☐ All advertisements will include the Town of Colden STR permit number.

☐ No external events, weddings, or assemblies unless separately authorized.

SECTION 8 — REQUIRED ATTACHMENTS

☐ Proof of ownership or authorization from owner.

☐ Site plan.

☐ Floor plan showing rooms, bedrooms, exits, and sleeping capacity.

☐ Parking layout.

☐ Evidence of insurance.

☐ Emergency contact sheet showing host(s), agent(s), and owner(s).

☐ Good Neighbor brochure / house rules sheet identical and/or consistent with template included herein.

☐ SEQRA short environmental assessment form, if required.

☐ Erie County Health Department approval, if applicable.

☐ Any other documents requested by the Town of Colden.

SECTION 9 — CERTIFICATION

I/We certify that the information provided is true and complete. I/We certify that the property will be operated in compliance with all applicable local, state, and federal laws. I/We authorize the Town to inspect the property for code compliance, subject to applicable law. I/We understand that the permit may be conditioned, suspended, revoked, or denied for false statements or violations. I/We understand that this permit is non-transferable unless the Town code and any Special Use Permit allows otherwise.

Applicant Signature	Date
Co-Applicant / Owner Signature	Date

TOWN USE ONLY

Application Complete: ☐ Yes ☐ No

Assigned File No.: _____

Referral to Environmental Board: ☐ Yes ☐ No

Referral to Planning Board: ☐ Yes ☐ No

Erie County 239(m) Notice Sent: ☐ Yes ☐ No

Registration in Erie County Comptrollers Office Confirmed per application: ☐ Yes ☐ No

Public Hearing Date: _____

Town Board Action: ☐ Approved ☐ Denied ☐ Conditioned

Permit No.: _____

Effective Date: _____

Expiration Date: _____

Colden Short Term Rental

SEQRA SHORT ENVIRONMENTAL ASSESSMENT FORM

INSTRUCTIONS FOR APPLICANTS

This form is required as part of the Town of Colden special use permit process when the Town determines SEQRA review is needed. The applicant must file the SEQRA form with the Town Clerk together with the special use permit application package.

WHO COMPLETES IT

The applicant or project sponsor completes Part 1 of the Short Environmental Assessment Form. The lead agency completes Part 2 and Part 3 after the application is submitted.

HOW TO COMPLETE PART 1

Complete all items in Part 1 using the best information currently available. If an answer requires further research, provide the most complete answer you can and attach a note or supporting document.

WHAT TO INCLUDE

Project name and property address; applicant name and contact information; a brief description of the proposed use; whether other permits or approvals are needed; site acreage, acreage disturbed, and acreage controlled by the applicant; nearby and adjoining land uses; whether the proposed use is permitted by zoning and consistent with the comprehensive plan; whether the site is in or near a Critical Environmental Area; and basic information about traffic, public transportation, water supply, wastewater, stormwater, and other likely impacts.

WHAT NOT TO GUESS

Do not estimate environmental details without a basis. If a question involves drainage, wetland proximity, traffic, or utility capacity and the applicant does not know the answer, state “unknown” and attach any available supporting material.

TOWN OF COLDEN NOTE

Colden’s special use permit rules require a completed SEQRA form as part of the application process, and the Town’s forms page confirms that SEQR forms are already part of its standard permitting materials.

Colden Short Term Rental
SEQRA SCREENING GUIDANCE

PURPOSE

This guidance memo helps applicants and Town staff decide whether a proposed short-term rental should be reviewed using the Short Environmental Assessment Form or whether a Full EAF may be needed.

GENERAL RULE

Use a Short EAF for most Unlisted actions.
Use a Full EAF for Type I actions.
If the reviewing agency determines the short form does not provide enough information, a Full EAF may still be required.

THE APPLICANT SHOULD EXPECT A FULL EAF IF ANY OF THE FOLLOWING APPLY

☐ The project is a Type I action under SEQRA.

☐ The project involves a major zoning change or special land use issue.

☐ The project creates a material conflict with zoning or the Town's land use plan.

☐ The project is likely to cause a substantial traffic increase.

☐ The project may affect water supply, wastewater, septic, or stormwater systems.

☐ The project may affect wetlands, streams, steep slopes, flood hazard areas, or other sensitive natural resources.

☐ The project may affect historic, archaeological, scenic, or other protected resources.

☐ The project involves multiple approvals or unusual site conditions that are not adequately described on the short form.

☐ The Town Board, Planning Board, or lead agency asks for more detail than the short form provides.

FOR RESIDENTIAL SHORT-TERM RENTALS

A typical STR in an existing dwelling will usually begin with the Short EAF unless the proposal includes a substantial change in site intensity, parking demand, occupancy, traffic, or site disturbance. If the STR is part of a larger redevelopment or a major expansion, Town of Colden staff will consider whether a Full EAF is more appropriate.

APPLICANT CERTIFICATION

I understand that this screening memo does not replace the Town's SEQRA determination and that the Town may require a Full EAF if the project warrants it.

Applicant Signature	Date
Town Staff Review	Date

Colden Short Term Rental
GOOD NEIGHBOR BROCHURE

WELCOME

Welcome to Colden.

This home is in a residential neighborhood, and your stay should be quiet, respectful, and safe.

HOUSE RULES

Quiet hours: 10:00 p.m. to 7:00 a.m., or as required by the permit.

No loud music, shouting, fireworks, or disruptive outdoor activity.

No parties, events, or gatherings beyond the approved guest count.

Park only in designated off-street parking areas.

Keep driveways, mailboxes, and neighboring property access clear.

Dispose of trash in the provided containers only.

Do not leave trash outside overnight unless required for pickup.

No smoking except in designated areas, if provided.

No illegal drug use, disorderly conduct, or unsafe behavior.

Follow all fire safety rules, including use of grills, fire pits, and candles.

GUEST LIMITS

Maximum overnight occupancy: _____

Maximum daytime occupancy: _____

Maximum vehicles: _____

LOCAL CONTACT

If there is a problem, contact the host or local representative immediately.

Name: _____

Phone: _____ Email: _____

Response expectation: within _____ minutes.

EMERGENCIES

Call 911 for fire, medical, or police emergencies.

Nearest hospital / urgent care: _____

Property address for emergency responders: _____

CHECK-OUT RESPONSIBILITIES

Remove all trash as directed.

Return furniture and equipment to original location.

Turn off lights, grills, and appliances.

Close and lock all doors and windows.

Report any damage or maintenance issue promptly.

THANK YOU

Your cooperation helps keep Colden's neighborhoods safe, quiet, and welcoming.

Colden Code Enforcement Officer

INSPECTION CHECKLIST

PROPERTY INFORMATION

Property Address: _____

Inspection Date: _____ Inspector: _____

Owner / Agent Present: ☐ Yes ☐ No

Permit No.: _____

A. GENERAL PROPERTY CONDITION

☐ Exterior maintained and free of obvious hazards.

☐ House number visible from street and driveway.

☐ Driveway and walkway in safe condition.

☐ Steps, railings, and landings are secure.

☐ Doors and windows operate properly.

☐ No visible evidence of unsafe structural conditions.

B. FIRE AND LIFE SAFETY

☐ Smoke detectors installed and operational.

☐ Carbon monoxide detectors installed and operational.

☐ Fire extinguishers present and charged.

☐ Emergency exits unobstructed.

☐ Emergency evacuation information posted.

☐ Bedrooms have proper egress windows or exits, if applicable.

☐ Heating appliances appear safe and properly vented.

☐ Fireplace / wood stove, if present, appears code-compliant.

C. ELECTRICAL AND MECHANICAL

☐ Electrical panel accessible and labeled.

☐ No obvious exposed wiring or unsafe outlets.

☐ Lighting adequate for interior and exterior access.

☐ HVAC / heating systems operating safely.

D. WATER / SEPTIC / SANITATION

☐ Water supply adequate.

☐ Septic system or sewer connection appears functional.

☐ No signs of sewage backup, leakage, or overflow.

☐ Trash storage adequate and contained.

☐ Recycling and refuse area maintained.

E. PARKING / SITE / NOISE

☐ Off-street parking provided in approved number.

☐ Parking area identified and usable.

☐ No obvious nuisance condition on site.

☐ Outdoor lighting does not create excessive glare.

☐ Any signage appears compliant with permit conditions.

☐ Quiet hours notice posted inside unit.

F. DOCUMENT REVIEW

☐ Copy of permit posted inside unit.

☐ Local contact information posted.

☐ House rules / Good Neighbor brochure posted.

☐ Floor plan on file matches observed layout.

☐ Insurance certificate on file.

☐ Renewal or permit conditions understood.

INSPECTOR NOTES

_____

_____

_____

Result: ☐ Pass ☐ Pass with Corrections ☐ Fail

Required corrections: _____

Deadline for corrections: _____

Code Enforcement Officer's Inspector Signature	Date
Owner / Agent Acknowledgment	Date

Colden Short Term Rental

ABBREVIATED PERMIT / LICENSE RENEWAL APPLICATION

CURRENT PERMIT INFORMATION

Current Permit No.: _____ Expiration Date: _____

Property Address: _____

Owner / Applicant Name: _____

Phone: _____ Email: _____

1. RENEWAL INFORMATION

☐ No changes to ownership, management, occupancy, parking, or layout.

☐ Changes exist; describe briefly below.

_____

_____

2. UPDATED CONTACTS

Primary Local Contact: _____

Phone: _____ Email: _____

Alternate Contact: _____

Phone: _____ Email: _____

3. OPERATING REVIEW

☐ Property has been operated in compliance with the permit.

☐ No outstanding code violations remain.

☐ Safety devices are installed and operational.

☐ Parking and occupancy remain within approved limits.

☐ Quiet hours and house rules remain posted.

☐ Insurance remains in effect.

☐ Septic / water system remains in satisfactory condition, if applicable.

4. REQUIRED ATTACHMENTS

☐ Copy of current permit.

☐ Updated insurance certificate.

☐ Updated contact sheet, if changed.

☐ Updated floor plan only if changes were made.

☐ Updated parking layout only if changes were made.

☐ Renewal inspection checklist, if required by the Town.

☐ Payment of renewal fee.

5. CERTIFICATION

I certify that the information provided is true and complete, and that the property continues to meet the conditions of the Short-Term Rental permit and all applicable local, state, and federal requirements.

Applicant Signature	Date
Owner Signature, if different	Date

TOWN USE ONLY

☐ Approved ☐ Denied ☐ Conditional Approval

Notes: _____

_____

Permit Renewal Effective Date: _____

New Expiration Date: _____