

Town of Starkey

40 Seneca Street
Dundee, New York 14837
Email: StarkeyCEO@gmail.com
Office: 607-243-7996
Fax: 607-243-7764

Application No.: _____
Date Filed: _____
Fee Paid: _____
Received By: _____
Decision _____ Date _____

Bed & Breakfast Permit Application

Instructions: Please complete Items 1 – 11.

Return the original completed application and attachments to the Code Official.

1. Applicant Contact Information

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone: Day _____ Night _____ Cell _____
E-Mail Address _____

2. Tax Map Number _____

3. Bed & Breakfast Property Location

Street Address _____
City _____ State _____ Zip Code _____

4. Is the Bed & Breakfast owner occupied? Yes No

5. How many rooms available to rent? _____

6. Maximum number of persons? _____

7. Is there a fire safety notice affixed to each bedroom door?

Yes No * attached copy of notice

8. What type of Emergency egress is provided?

9. Are there smoke and carbon monoxide detectors? Yes No

10. Attach a drawing or sketch of the floor plan for each floor.

11. Affirmation by Applicant/Property Owner

I declare that I am the lawful owner of this property and affirm under penalty of perjury that the contents of this application are true and correct to the best of my knowledge.

Applicant Signature _____ Date _____