



Village of Saranac Lake

Community Development Department

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Affidavit Attesting to Compliance with NYS Fire, Safety and Building Codes

STR Property Address: _____

Name(s) of ALL Property Owners: _____

The Undersigned being duly sworn deposes and attests to the following:

- There shall be one functioning smoke detector in each bedroom and at least one functioning smoke detector in at least one other room and that the correct number of devices are installed per the New York State Building Code, including date of device.
- There shall be one functioning fire extinguisher in the kitchen and at each primary exit.
- At least one carbon monoxide detector is present if a source of combustion is present in the building.
- Exterior doors shall be operational and all passageways to exterior doors shall be clear and unobstructed.
- Electrical systems shall be serviceable with no visual defects or unsafe conditions.
- All fireplaces, fireplace inserts or other fuel-burning heaters and furnaces shall be vented and properly installed.
- Each bedroom shall have an exterior exit that opens directly to the outside, or an emergency escape or egress window.
- GFIs shall be present in all kitchens and bathrooms.
- The property complies with the New York State Property Maintenance Law.
- Street side emergency address numbers are displayed in accordance with 911 regulations.

The property owners listed above certify that the Short-term rental property for which I/we are applying for a STR Permit meets all of the criteria described above. I/we acknowledge that failure to comply with the short term rental requirements may result in revocation of the short term rental permit.

Signature of All Property Owners (attach additional sheets if needed)

Name: _____
Signature: _____
Date: _____

[STATE] _____) s.s.:
[COUNTY] _____)
On this [] day of [], 20[], before me, the undersigned notary public appeared _____,
proved to me through satisfactory evidence of identification, which were _____,
to be the person whose name is signed on the preceding or attached document, and who swore or
affirmed to me that the contents of the document are truthful and accurate to the best of (his)(her)
knowledge and belief.

[], Notary Public
My Commission Expires: _____

Name: _____
Signature: _____
Date: _____

[STATE] _____) s.s.:
[COUNTY] _____)
On this [] day of [], 20[], before me, the undersigned notary public appeared _____,
proved to me through satisfactory evidence of identification, which were _____,
to be the person whose name is signed on the preceding or attached document, and who swore or
affirmed to me that the contents of the document are truthful and accurate to the best of (his)(her)
knowledge and belief.

[], Notary Public
My Commission Expires: _____

••• By signing the foregoing, the signatory has verified the accuracy of its contents and such verification is made pursuant to section 100.30 (d) of the criminal procedure law of the state of New York and said signatory knows that a false statement is punishable as a Class A Misdemeanor pursuant to section 210.45 if the penal law of the State of New York.