



Town of Lloyd
 12 Church St, Highland, NY 12528
 845-691-2144 opt 3

87.2-1-21
 PB-25-0024

Short Term Rental (STR) Application

Date of Application/ Number

11/07/2025

Contact Information

Property Address of STR: 60 Kisor Rd, Highland NY NY 12528	Emergency Contact or local manager (day or night) MALGORZATA SOKOLOWSKA
Property Owner Name MALGORZATA SOKOLOWSKA	Emergency Contact phone (212) 810 9594
Property Owner Mailing Address 60 Kisor Rd, Highland NY 12528	Local manager street address
Property Owner Email pdony@aol.com	Local manager email
Property Owner phone (212) 810 - 9594	Local manger phone

Owner Occupied <input checked="" type="checkbox"/> Non-Owner Occupied <input type="checkbox"/>	Property Rented in Part <input checked="" type="checkbox"/> Rented in Whole <input type="checkbox"/>
Hosting Platform(s) AIRBNB, VRBO	
Parking spots: 6	Maximum Occupancy 6
Municipal Water/Sewer Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date of most recent Fire Safety/ Property Maintenance Inspection:
How is garbage removed? BY OWNER	
How often is garbage removed? 3x/week	
Include House Rules for rental space as an attachment.	Include Plat or Site Plan of property, including aerial view.

Description of rental space. Include number of bedrooms or sleeping areas and occupancy of each.

Describe method of egress from bedrooms or sleeping areas (include egress windows and doors).

Number of bathrooms, kitchen or cooking areas.

List all amenities, including exterior items (such as pools, outdoor grills, etc).

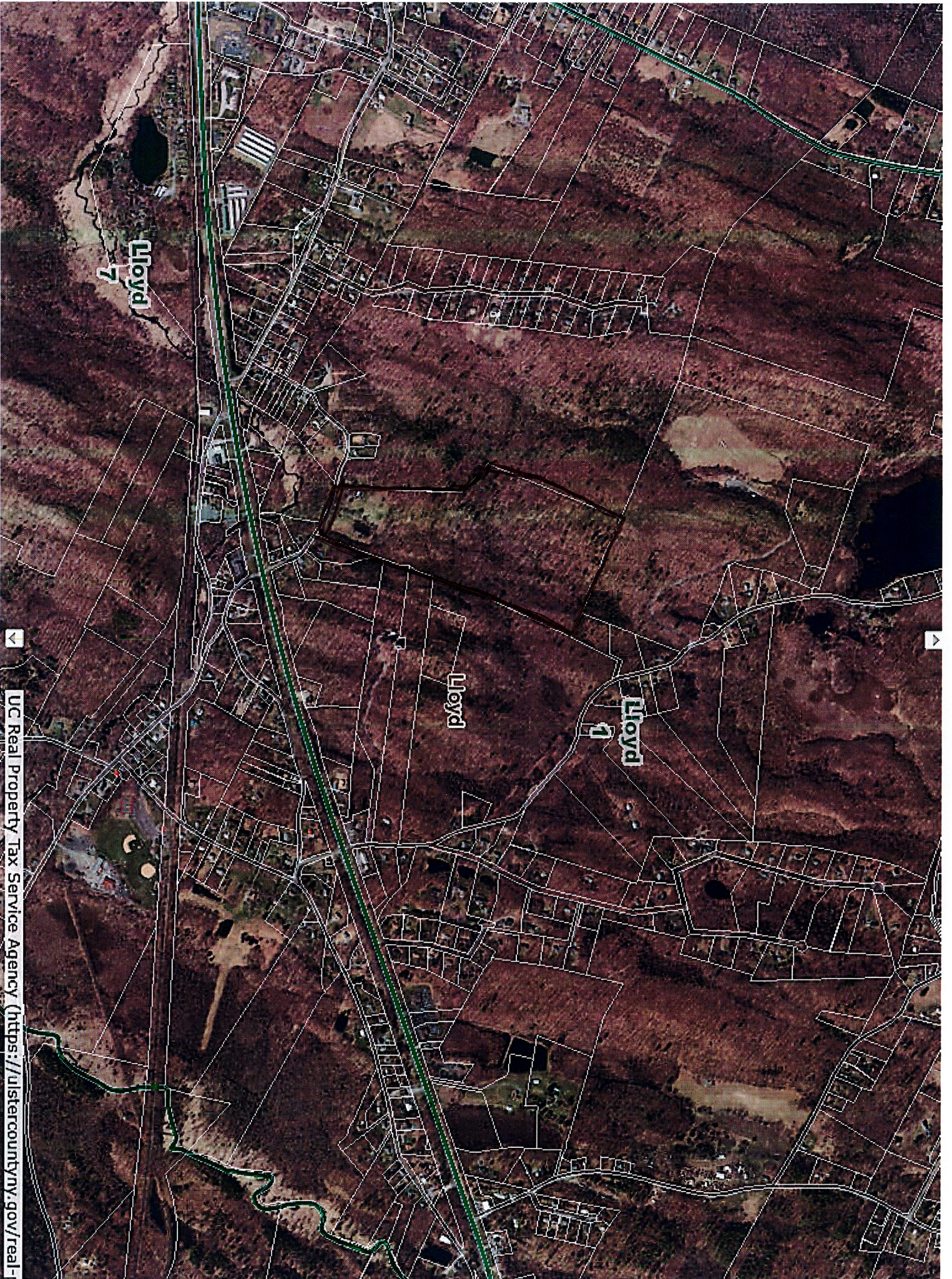
RENTAL OF 3BR IN 4BR HOUSE + 2 BATHS + Living RM + 1 Kitchen

Applicant must include with this form a copy of the Ulster County Commissioner of Finance Certificate of Authority for the rental.

Application Process.

The initial application to operate a short-term transient rental shall be submitted to the Planning Board for a Special Use Permit. Notification of the application shall be sent to neighbors within 200 ft of the property by the Building Department upon permit application.

- (1) The application shall include the following, in addition to any other information required for a Special Use Permit application:
 - (a) Contact information. The names, addresses, email address(es) and day/night telephone numbers of the property owners and local managers shall be included on the application.
 - (b) Designation of the STR as Owner Occupied or Non-Owner Occupied, as defined herein.
 - (c) Designation of the STR as Rented in Part and/or Rented in Whole, as defined herein.
 - (d) Hosting Platform information. The applicant shall provide the names and URLs for all hosting platforms or other advertising platforms, such as but not limited to AirBnB, VRBO or other hosting websites; and Facebook, Instagram, or other social media postings used by the applicant for advertisement of the short-term transient rental unit. Any changes or additions to the listed hosting/advertising platform shall be reported on the applicant's renewal permit.
 - (e) Parking. The number of off-street parking spaces to be provided shall be stated on the application. Off street parking shall be provided to accommodate the occupancy of the short-term transient rental unit, one parking space for each sleeping room in the dwelling plus other parking as required by §100-29. Vehicles shall not be parked on front lawns. There shall be no on-street parking allowed. No parking shall be allowed outside of the parking spots designated and detailed on the permit.
 - (f) Maximum Occupancy. The maximum desired occupancy by the operator shall be stated on the application. The Code Enforcement Officer shall establish the maximum occupancy. The Code Enforcement Officer shall limit the number of occupants based on the number, size, configuration, and furnishings of the bedrooms and/or sleeping rooms, and per the provisions of NYS Uniform Fire Prevention and Building Code.
 - (g) Water and septic. The source of the water supply shall be stated on the application and the permit. The septic system shall be functioning, and the type, size, and location of the septic system shall also be stated on the application. New permit applications shall require documentation as determined acceptable to the Planning Board, indicating that the septic system is found to be currently working properly and is adequate for the Short-Term Transient Rental maximum occupancy.
 - (h) Fire Safety. Documentation of location and existence of fire safety devices in compliance with NYS Uniform Fire Prevention and Building Code.
 - (i) Description. State the occupancy of each bedroom and sleeping room and the methods of ingress and egress (examples: doors and windows) shall be included with the application. No kitchen shall be occupied for sleeping purposes.
 - (j) Plat. The applicant shall submit an aerial plat of the property showing approximate property boundaries and existing features, including buildings, structures, well, septic system, parking spaces, firepits/outdoor fireplaces, driveways, streets, streams and other water bodies, and neighboring buildings within one hundred (100) feet of the short-term transient rental unit. This does not need to be a survey. This is easily obtained free of charge from many online sources.
 - (k) Garbage Removal. The applicant shall state how garbage is to be removed from the property. The applicant is responsible for all refuse and garbage removal. The applicant shall be responsible for either (a) contracting with a refuse company or (b) the owner or property manager shall remove garbage on a weekly basis. If there is a dumpster located on the property, the location of the dumpster shall be depicted on the plat submitted with the application.
 - (l) House Rules. The applicant shall submit a copy of the house rules (see below Section T for required House Rules.)
 - (m) Jurisdiction. If a property owner does not reside within thirty (30) miles of the Town of Lloyd Town Hall, then they must designate the Local Manager, as an agent.
 - (n) A copy of the Ulster County Commissioner of Finance Certificate of Authority



ULSTER COUNTY

CERTIFICATE OF AUTHORITY

TAX ON OCCUPANCY OF HOTEL and MOTEL ROOMS

REGISTRATION NUMBER: 12436

(use this number on ALL returns and Correspondence)

Business Name: Malgorzata Sokolowska d.b.a. All the Pretty Wings

Address: 60 Kisor Rd
Highland
NY 12528

is authorized to collect Occupancy Tax under Local Law #5 of 1991 and pursuant to Chapter 221 of the Laws of 1991 of the State of New York. This certificate must be prominently displayed in your place of business and does not waive any local regulation and/or local ordinances.

Date Issued: 11/6/2025

Ulster County Commissioner of Finance

SEAL



Christopher M. Rioux, CPA

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map): 60 KISOR RD, HIGHLAND NY 12528			
Brief Description of Proposed Action: SHORT TERM RENTAL OF A PART OF THE PROPERTY BUILDING (EXCLUDING 1 MASTER BR)			
Name of Applicant or Sponsor: MALGORZATA SOKOLONSKA		Telephone: (212) 810-9594	
		E-Mail: polony@aol.com	
Address: 60 KISOR RD, HIGHLAND, NY 12528			
City/PO:		State: NY	Zip Code: 12528
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?		NO	YES
If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		<input type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:		NO	YES
ULSTER COUNTY CERTIFICATE OF AUTHORITY		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		55 acres	
b. Total acreage to be physically disturbed?		0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		55 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

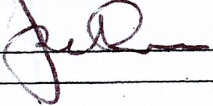
<p>5. Is the proposed action,</p> <p>a. A permitted use under the zoning regulations?</p> <p>b. Consistent with the adopted comprehensive plan?</p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>N/A</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input checked="" type="checkbox"/></p>	
<p>7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?</p> <p>If Yes, identify: _____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>	
<p>8. a. Will the proposed action result in a substantial increase in traffic above present levels?</p> <p>b. Are public transportation services available at or near the site of the proposed action?</p> <p>c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>9. Does the proposed action meet or exceed the state energy code requirements?</p> <p>If the proposed action will exceed requirements, describe design features and technologies:</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>	
<p>10. Will the proposed action connect to an existing public/private water supply?</p> <p>If No, describe method for providing potable water: _____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input checked="" type="checkbox"/></p>	
<p>11. Will the proposed action connect to existing wastewater utilities?</p> <p>If No, describe method for providing wastewater treatment: _____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input checked="" type="checkbox"/></p>	
<p>12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?</p> <p>b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?</p> <p>b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?</p> <p>If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline	<input checked="" type="checkbox"/> Forest	<input checked="" type="checkbox"/> Agricultural/grasslands
<input type="checkbox"/> Wetland	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Suburban
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?		NO YES
		<input checked="" type="checkbox"/> <input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?		NO YES
		<input type="checkbox"/> <input checked="" type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources?		NO YES
If Yes,		<input checked="" type="checkbox"/> <input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?		<input checked="" type="checkbox"/> <input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?		<input checked="" type="checkbox"/> <input type="checkbox"/>
If Yes, briefly describe:		

18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?		NO YES
If Yes, explain the purpose and size of the impoundment:		<input type="checkbox"/> <input type="checkbox"/>

19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?		NO YES
If Yes, describe:		<input checked="" type="checkbox"/> <input type="checkbox"/>

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?		NO YES
If Yes, describe:		<input checked="" type="checkbox"/> <input type="checkbox"/>

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>MALGORZATA SOKOLOWSKA</u> Date: <u>11/07/2025</u>		
Signature: <u></u> Title: <u>owner</u>		