

SHORT-TERM RENTAL APPLICATION

APPLICANT/OWNER INFORMATION

Applicant/Owner Name: _____ Date: _____

Applicant Mailing Address: _____

Primary Phone: _____ Fax: _____

E-mail Address: _____

PROPERTY INFORMATION

Location of Property: _____

Name of Property: _____ Number of Rooms: _____

Manager/Operator Name: _____ Phone: _____

I attest that the information in this Application is true and correct to the best of my knowledge.

Applicant/Owner Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Zoning: _____

Comments: _____

Approved – Date: _____

Disapproved – Date: _____