



Short Term Rental Application (STR) for Certificate Of Use and Occupancy

Applicant Name: _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

STR Property

Address _____ City _____ State _____ Zip _____

Homeowners Name (If different from Applicant) _____

Street _____ City _____ State _____ Zip _____

Phone _____ Email _____

Responsible Party 24/7 Contact:

Street _____ City _____ State _____ Zip _____

Phone _____ Email _____

Total Number of Bedrooms: _____

Please attach the following documents to this application:

- ☐ Proof of Liability Insurance
- ☐ Proof of Notification to Adjacent Owners
- ☐ Business License Number
- ☐ Lodging Tax Number

Signature of Applicant/Owner:

_____ Date: _____

Building Officials Only

Approved By: _____ Date: _____