# APPLICATION FOR TRANSIENT RENTAL REGISTRATION PERMIT

Property Owner: _____ Telephone:_____

Address: _____ City: _____ St: _____ Zip: _____

Email Address: _____

Short term Business Operator (if applicable): _____

Address: _____ City: _____ St: _____ Zip: _____

Address of transient rental (if different than owner's address):_____

City: _____ St: _____ Zip: _____

Subdivision or Neighborhood: _____ Lot Number: _____

Zone_____ State Property Tax ID# 79-_____

Check one of the following:

o  Transient guest *room*:  This would allow an owner-occupant to rent up to two rooms, a unit of a duplex, or two units of a multi-family dwelling on a short term basis.  All of the home occupation and rural home occupation requirements currently in the ordinance must be met (including having an extra parking space).  Also, to qualify, the owner of the property must be present in the dwelling unit when the transient guest rooms are occupied by renters.

o  Transient guest *rental*:  This is an owner-occupied dwelling unit which the owner allows to be rented on a short term basis (less than one month at a time and no more than 60 days per calendar year) without the owner being present when it is being rented.

o  Transient guest *house*:  A primary use consisting of a single-family, two-family or multi-family dwelling where none of the units are required to be owner-occupied, within which transient accommodations may be provided for rent for a period of less than one month.

Owner(s) signature: _____   _____
    name printed:                                              name printed:

Agent's signature: _____
    name printed:

| OFFICE USE ONLY: |
|---|
| If transient guest room, does this site have an extra parking space? _____ Is there a homestead exemption on file? _____ Special Exception Needed? _____ If so, case number & date granted: _____ Conditions of approval? _____ |
| Permit Issued ____ Denied ____ Reasons _____ |
| Permit No. _____ Fee _____ Date _____ |
| Administrative Officer's signature: _____ |