



Short Term Rental Dwelling Unit Registry Application

Date _____ Property E911 Address _____ Map and Lot _____

Property Owners name and Phone Number _____ Applicants Name (if not same as owner
please provide proof of authorization) _____

Emergency Contact

Approval Consists of a license that is displayed in rental dwelling unit

Name _____ Phone _____ Email Address _____

Physical Address _____

Please check one: Primary Dwelling Accessory Unit

Availability (Dates when rental is available) _____

Number of tenants proposed _____ Number of existing bedrooms _____

Applicant signature _____ Applicant Email _____

\$50.00

CEO signature _____ Fee _____

Permit number _____ Paid by _____

