## TOWN OF POMPEY SHORT TERM RENTAL APPLICATION

DAT	E SUBMITTED:		
APPLICATION FEE:		DATE PAID:	
DAT	E ACTED ON:	APPROVED:	DENIED:
	LICANT:		
NAM			
	RESS:		
TELE	PHONE:		
EMA	L:		
NAMI	AL EMERGENCY CONTACT: E: RESS:		
	PHONE:		
EMAI			
1.	Date:		
2.	Address of Short-Term Rental:		
3.	Property Owner:	Phone	
Address:		E-m	ail:

	Rental Operator:	Pnone:		
5.	Number of bedrooms in rental unit:			
6.	Is off-street parking available for the rental unit? Yes No			
7.	Number of off-street parking spaces for rental unit:			
8.	Is there a dumpster located on the property? Yes N	No		
I	f no, indicate the means by which garbage will be remo	oved from the property:		
9. u	Please indicate the manner in which lawn maintenanit will be maintained during the permit period:	•		
	Certification / Authoriz  CANT: I certify that the information supplied on this project described, if approved, will be completed in a proval.	s application is complete and accurate, and		
that the	CANT: I certify that the information supplied on this project described, if approved, will be completed in a proval.	s application is complete and accurate, and		
that the said appropriate the	CANT: I certify that the information supplied on this project described, if approved, will be completed in a proval.	s application is complete and accurate, and accordance with the terms and conditions of Date:  LOW REPRESENTATIVES OF THE SUBJECT PROPERTY FOR		
that the said appropriate the	CANT: I certify that the information supplied on this project described, if approved, will be completed in a proval.  The project described in a proval.  The project described if approved, will be completed in a proval.  The project described in a proved, will be completed in a proval.  The project described in a proval.	application is complete and accurate, and accordance with the terms and conditions of Date:  LOW REPRESENTATIVES OF THE SUBJECT PROPERTY FOR ON WITH THIS APPLICATION.		

## ATTACH ADDITIONAL DOCUMENTS INCLUDING:

COPY OF VEST	ED DEED OR PROOF OF OWNERSHIP
	PROPERTY indicating location of Parking Spaces for the ocation of a dumpster, if there is one.
COPY OF CURF	RENT SURVEY
PROOF OF INSI	JRANCE COVERAGE
COPY OF HOUS	E RULES or PROPOSED LEASE FORM
**************************************	** For office use only ************************************
Approved Deni	ed
Signature:	Date:
Printed name:	Title: