FOR OFFICE USE ONLY

Tax Map #_____
Date Received_____
Fee Received (Date & Check #)_____
Referral to CEO (Date)_____
CEO Inspection Date_____

911 Address_____
Zoning District_____
School District_____
CEO Approval Date (if applicable)_____
CEO Denial Date (if applicable)_____

TOWN OF JEWETT
APPLICATION FOR SHORT TERM RENTAL REGISTRATION

1- Statement of Ownership and Interest

The Applicant(s)_____
is / are the owners of property located at (Tax Map #)_____
The Applicants Mailing Address is_____
Home Phone_____ Work Phone_____ Cell Phone_____
Email Address_____
Emergency Contact Name (must be reachable in an emergency)_____
Emergency Contact Phone Numbers- Home Phone_____Cell Phone_____
911 Address of Short Term Rental Residence_____
Number of Bedrooms_____ Number of Bathrooms_____
Maximum Number of Occupants_____
Number of Parking Spaces_____

2- Site Visit

During Application Review CEO may conduct a Site Visit. If you object check this box ☐

3- Declaration

I / We declare that the statements contained herein are true and I / We have not knowingly or willfully given a false statement or false information or omitted information in connection with this application.

Signature of Owner(s)_____Date_____

Effective 1/1/2020

NOTE: CURRENT FEES ARE POSTED AT THE JEWETT TOWN HOUSE AND ON THE OFFICIAL WEBSITE