

PLANNING & ZONING (P&Z) COMMISSION
DRAFT - STR APPLICATION - 221017

Application must be completed fully, signed, and submitted with all required documents and fees attached.

Requirements Checklist

- | | |
|---|---|
| <input type="checkbox"/> No External Signage | <input type="checkbox"/> Sample Informational Brochure |
| <input type="checkbox"/> Working Smoke Alarms | <input type="checkbox"/> General Liability Insurance ² |
| <input type="checkbox"/> Working Carbon Monoxide Alarms | <input type="checkbox"/> Maximum Number of Occupants Permitted ³ |
| <input type="checkbox"/> Working Fire Suppression System (Sprinkler) | <input type="checkbox"/> Floor Sketch Plan with Room Dimensions / Evacuation routes |
| <input type="checkbox"/> Working Fire Extinguisher (5lbs., ABC rated) | <input type="checkbox"/> Site Plan or Survey Showing Parking Areas/ Spaces ⁴ |
| <input type="checkbox"/> 24/7 Contact Individual | <input type="checkbox"/> Pet Policy |
| <input type="checkbox"/> Proof of Hotel Occupancy Tax Compliance ¹ | |

- 1. V.T.C.A., Tax Code Chapter 351*
- 2. Commercial General Liability Insurance Policy with limits of \$1,000,000 per occurrence.*
- 3. Occupancy limit – no more than two adults per bedroom plus two additional adults with a maximum of 10 person’s total, including adults and children.*
- 4. Vehicle limits: There shall be no more than four vehicles, without encroaching onto streets, sidewalks or alleys; other public rights-of-way or public property.*

Property Address _____
of the Short-Term Rental: _____

Property Owner Information

Name _____

Mailing Address _____

Telephone # _____ Cellphone # _____

24-Hour Contact # _____

Email Address _____

Operator/Designated Local Individual - 24-hour/day Contact

Name _____

Mailing Address _____

Telephone # _____ Cellphone # _____

24-Hour Contact # _____

Email Address _____

I certify that I am the property owner or authorized Agent. I will provide an informative brochure to guests that includes my 24-hour contact information and a local 24-hour contact number who can be on site within 1 hour, pertinent neighborhood information (such as noise and curfew restrictions, trash collection schedules) and information to assist guests in case of emergencies. I understand that I shall include the correct limits of guests and vehicles when advertising the property as a short-term rental based on the Ordinance and will include the prohibition against the use of the property for having a party in any advertisement, listing or other publication offering the premises for rent and will include the permit number assigned to the property by the City of Woodcreek as a short-term rental in all advertisements. I understand that a Certificate of Occupancy will be issued upon completion of the inspection. I confirm that I have met and will continue to comply with the standards and other requirements of the City's STR ordinance _____. I understand that my application is not complete until I have submitted the completed application form, all required documents, paid all applicable fees, and passed all necessary inspections.

Date of Application

Signature