

# The City of Woodcreek

IN THE MIDST OF THE TEXAS HILL COUNTRY

## SHORT-TERM RENTAL APPLICATION

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

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### **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 <sup>2</sup>                      |
| <input type="checkbox"/> Working Carbon Monoxide Alarms                       | <input type="checkbox"/> Maximum Number of Occupants Permitted <sup>3</sup>            |
| <input type="checkbox"/> Working Fire Suppression System (Sprinkler)          | <input type="checkbox"/> Floor Sketch Plan with Room Dimensions                        |
| <input type="checkbox"/> Working Fire Extinguisher (5lbs., ABC rated)         | <input type="checkbox"/> Site Plan or Survey Showing Parking Areas/Spaces <sup>4</sup> |
| <input type="checkbox"/> Homeowner Nuisance Response Plan                     |  |
| <input type="checkbox"/> Proof of Hotel Occupancy Tax Compliance <sup>1</sup> |  |

<sup>1</sup> V.T.C.A., Tax Code Chapter 351

<sup>2</sup> Commercial General Liability Insurance Policy with limits of \$500,000 per occurrence and 1-million-dollar aggregate.

<sup>3</sup> Occupancy limit – no more than two adults per bedroom plus two additional adults with a maximum of 10 persons total, including adults and children.

<sup>4</sup> 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** \_\_\_\_\_

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### **Property Owner Information**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cellphone Number \_\_\_\_\_

24-Hour Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_

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### **Property Owner's Local Emergency Contact Representative**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cellphone Number \_\_\_\_\_

24-Hour Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_

I certify that I am the property owner or authorized Agent and I will provide an informative brochure to guests that includes my 24-hour contact information and a local 24-hour contact number should I be out of town during the rental of my property, pertinent neighborhood information (such as noise restrictions and 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 Town of little Elm 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.

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Date of Application

Signature

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## HOMEOWNER APPLICATION FOR SHORT-TERM RENTAL PERMIT NUISANCE RESPONSE PLAN

CITY OF WOODCREEK MUNICIPAL CODE REQUIRES THE NUISANCE RESPONSE PLAN TO BE PROVIDED. THE PLAN SHALL CONTAIN THE FOLLOWING INFORMATION:

PROPERTY ADDRESS: \_\_\_\_\_

NUMBER OF BEDROOMS per County Assessor's records: \_\_\_\_\_

MAX. OVERNIGHT OCCUPANCY REQUESTED \_\_\_\_\_. Refer to paragraph "C" below for more information.

HOMEOWNER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELLPHONE NUMBER: \_\_\_\_\_

MAIL ADDRESS: \_\_\_\_\_

A) Please describe how you will respond to a nuisance complaint, including but not limited to the manner in which the renter-occupant will be notified of the problem to assure prompt response and timely corrective action.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B) Please describe the manner of assuring "timely corrective" action to remedy any possible conditions that cause the nuisance or complaint. Note: "timely corrective action" shall include, at a minimum, a telephone call to the renter within 15 minutes of being informed of the initial nuisance or other complaint.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C) City's ordinance \_\_\_\_\_ sets the max overnight occupancy limit to two per bedroom plus two with the number of bedrooms corresponding to County Assessor's records. A greater maximum overnight occupancy number can be requested with supporting documentation identifying unusual size, unique interior layout, additional parking or other physical characteristics.

If you wish to request max occupancy above the standard allowed, please describe any unique characteristics of the property that you believe justify it.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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