SHORT-TERM RENTAL APPLICATION FORM
OWNER-OCCUPIED PROPERTIES
($100 APPLICATION FEE)

Renewal Application: ___ New Application: ___ (check renewal or new application)

Property Address: _____

Name in which Property is Titled: _____

Property Zoning Classification: ___ R-1; ___ R-2; ___ Commercial; ___ Mixed Use

Date of First Short-Term Rental on Property: _____

Person Completing this Application:

Name: _____ Address: _____

Phone Number: _____ Email: _____

Property Owner Information:

Name: _____ Address: _____

24 Hour Phone No.: _____ Email: _____

No. of permanent residents living on property: _____

No. of bedrooms occupied by permanent residents: _____

No. of rentable bedrooms in dwelling (as defined in Pen. Ord. 741.04(b)): _____

Total number of parking spaces on property (as defined in Pen. Ord. 741.02): _____

Total number of parking spaces for renters (as defined in Pen. Ord. 741.02): _____

Maximum No. of Short-Term Rental Occupants (as defined in Pen. Ord. 741.04): _____

Signature acknowledging receipt of reading entirety of Chapter 741 Short-Term Rental Regulations and Chapter 185 Short-Term Rental Tax:

_____ _____
Short-Term Rental Owner Signature Date

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Required Attachments and Payment to Be Submitted with Application:

1. Sketch of property indicating location of dwelling on property, location of driveway or other point of access, and designated number of parking spaces meeting the definition of a parking space under Pen. Ord. 741.02.
2. Proof of insurance as required by Pen. Ord. 741.04.
3. Valid septic system Operations Permit from Summit County Health.
4. $100 Application Fee.
5. $250 Village Inspection Fee.
6. Email direct URL to advertising website domains to administrative clerk.

CERTIFICATION OF PROPERTY OWNER (REQUIRED)

I hereby certify that the short-term rental unit property for which this application is submitted is in compliance with all applicable, local, state, and federal laws and regulations and that the information contained in this application is accurate.

_____ _____
Signature Printed Name

NOTARY CLAUSE

STATE OF OHIO)
) ss:
COUNTY OF _____)

SWORN TO BEFORE ME and subscribed in my presence this _____ day of _____, _____.

_____
Notary Public