

**TOWN OF SPRING CITY, TENNESSEE
SHORT TERM RENTAL UNIT APPLICATION**

Date Filed: _____ Application Number: _____ Received By: _____

General Information and Instructions

Please fill this Short Term Rental Unit Application out **completely**. Failure to complete your application could result in a delay. Type or print your information legibly. Upon submitting this application, the owner/agent is confirming that he/she has ownership or possession of the property for rent and shall submit proof of ownership or proof of agency and proof of insurance. The applicant shall also provide a site plan and floor plan demonstrating the parking and guest access. This application cannot be submitted if the applicant does not yet have a Town of Spring City Business License.

Check the box that applies:

- New short term rental unit Grandfathered short term rental unit

What type of permit are you applying for? See Section 14.05 Types of Permits of the Spring City Zoning Ordinance for the definitions. Check the box that applies:

- Owner Occupied Non-Owner Occupied Unoccupied

I. Contact Information

Check the box that applies. The property owner is: An individual(s) Business entity Trust

If the property owner is a business entity, specify:

- Corporation LLC Partnership Sole proprietorship

Property Owner(s) Name: _____

Complete Mailing Address: _____

Telephone Number: _____ Email: _____

If the Property Owner is a business entity or trust, please provide the following information for the person responsible for overseeing the property:

Full Legal Name: _____

Complete Mailing Address: _____

Telephone Number: _____ Email: _____

Applicant/Agent Name: _____

Complete Mailing Address: _____

Telephone Number: _____ Email: _____

II. Property Information

Property Address (property being rented):

Complete Mailing Address: _____

Zoning: _____ Parcel Number: _____

Property Details:

A. Please provide a narrative of the area available for rent. Be specific (i.e. which bedrooms or common areas are available):

B. How many bedrooms are available (maximum of 5 bedrooms under any circumstance): _____

C. What are the days of operation (all year, just holidays, weekends/weeknights, etc.): _____

D. What is the property's maximum number of occupants? _____

E. What is the maximum number of vehicles that may be parked at the unit? _____

F. Describe the location of parking on the property. _____

G. How will garbage/trash be handled? What is the method of informing occupants about method of disposal of trash? _____

III. Ownership and Agency

A. Do you own the property? Check the box that applies. Yes No

If you answered "No" to the above, what is your interest in the property? _____

If you answered "No" to the above, are you a lessee/tenant of the property? Yes No

If you are a lessee/tenant of the property, please provide the following information:

Name full legal name of owner of the property: _____

Mailing address of owner of the property: _____

Email address of owner of the property: _____

Telephone number of the owner of the property: _____

B. Is this property owner-occupied? _____

C. What company is this property's insurance carried by? What insurance company insures this property?

D. What is the policy number of your property's insurance plan? _____

E. What is your Town of Spring City Business License number? _____

F. Per Section 14.06 of the Zoning Ordinance, the Applicant must designate a person who **shall** be available 24-hours per day, 7 days per week for the purpose of: being able to physically respond, as necessary, within 45 minutes of notification of a complaint regarding the condition, operation, or conduct of occupants of the Short-Term Rental Unit; and taking any remedial action necessary to resolve any such complaints. This contact person may be the owner, a lessee or the owner's agent. Please provide the following information pertaining to the contact person/designated agent for the Short-Term Rental Unit:

Full legal name: _____

Cell Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____ Email Address: _____

Mailing Address: _____

Physical Address (if different from mailing address): _____

IV. Items to Provide

Please provide the following items with your application. Failure to provide these items may delay your application.

- A. Proof of Ownership (i.e. deed) or Proof of Lease Agreement if Applicant is a Lessee/Tenant.
- B. Proof of Agency (if applicable).
- C. Proof of Insurance.
- D. A Site Plan and a Floor Plan (including at a minimum the information in Section 14.06 Paragraph 4).
- E. A description of the area available for short term rental (i.e. the entire property and house, a guest cottage, a portion of the house, etc.).
- F. Certification/and or registration number related to hotel/motel occupancy tax.
- G. For grandfathered applications, proof of compliance.
- H. If the owner of the Short-Term Rental Unit is a business entity, the business must submit documentation to demonstrate that the business is in good standing with the Tennessee Secretary of State.

***Please note that pursuant to Section 14.06 of the Spring City Zoning Ordinance, in addition to the information required by the Application itself, the Building Inspector may request other information reasonably required to allow the Town of Spring City to process the application.**

V. Application Fee

The application fee shall be \$250.00. A check or money order payable to the Town of Spring City must accompany this application. There shall be no proration of fees and once paid, the application fee is non-refundable. Please note that unless suspended or revoked for a violation, pursuant to Section 14.10 of the Spring City Zoning Ordinance, there shall be a Short-Term Rental Unit Permit Renewal Fee to be paid annually in the amount of \$100.00.

VI. Signatures

A. Signature of Applicant/Agent

I certify that the facts set out in the foregoing Application are true to the best of my knowledge. In the event any information given is found to be false, any decision rendered may be revoked at any time. I understand that failure to provide adequate and complete information shall be grounds for denial of this Application.

I, as Applicant/Agent, agree that if a permit is approved and issued, to assume all risk and agree to indemnify, defend, and hold the Town of Spring City harmless concerning the Town's approval of the permit, the operation and maintenance of the Short-Term Rental Unit, and any other matter relating to the Short-Term Rental Unit.

I acknowledge that I have received a copy of Article 14, Short-Term Rental Units of the Zoning Ordinance for the Town of Spring City.

Signature of Applicant/Agent Date: _____

Print Applicant's/Agent's Name

B. Signature of Owner (The Owner of the property must sign the application in **both** Paragraphs A and B, even if the Owner is the same as the Applicant/Agent.)

I, as owner of the Short-Term Rental Unit, agree that if a permit is approved and issued, to assume all risk and agree to indemnify, defend and hold the Town of Spring City harmless concerning the City's approval of the permit, the operation and maintenance of the Short-Term Rental Unit, and any other matter relating to the Short-Term Rental Unit.

I acknowledge that I have received a copy of Article 14, Short-Term Rental Units of the Zoning Ordinance for the Town of Spring City.

Signature of Owner Date: _____

Print Owner's Name

C. Signature of Owner if Applicant/Agent is a Lessee/Tenant (The Owner of the property must sign the application in **both** Paragraphs B and C if the Applicant is a lessee/tenant.)

I, with my signature below, acknowledge as owner of the property that I have read and understand the Town of Spring City Short-Term Rental Unit rules; and, that as owner of the property, I understand and agree that I am legally responsible and liable for compliance by the lessee and all occupants of the Short-Term Rental Unit and with all provisions of Article 14, Short-Term Rental Units of the Zoning Ordinance for the Town of Spring City and all other applicable ordinances of the Town of Spring City.

Signature of Owner

Date: _____

Print Owner's Name

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Does Applicant have a business license? Yes No

If yes, business name: _____

Start date of business: _____ Is business current on business tax?: _____

If no, date of expiration: _____ Proof of insurance received? Yes No

In good standing with Tennessee Secretary of State, if business? Yes No

Documents received showing Applicant as Owner or Rental Agent or Lessee? Yes No

Comments: _____

Business License Clerk Signature

Date

Floor Plan & Site Plan Reviewed? Yes No Parking area reviewed? Yes No

Grandfathered Compliance? Yes No

Comments: _____

Building Inspector Signature

Date