

**TOWN OF GEORGETOWN
SHORT TERM RENTAL PERMIT APPLICATION**

Applicant

Name _____
Mailing Address _____
Telephone _____
E-mail _____

Short-term Rental Property

Street address _____
Property record title owner _____
Ward I _____ Ward II _____ Ward III _____
Owner address _____
Does applicant live at the rental property? Yes _____ No _____
If yes, does applicant live there: Part time _____ Full time _____

Owner Representative

Name _____
Address _____
Telephone _____
E-mail _____

Rental Specifics

Maximum occupancy of rental guests _____
Parking Plan - Showing short term rental property and plan for off- street parking.
– One parking space is needed for each bedroom/parking space size is 9' x 20'
Please submit a photo showing the designated parking spaces.

Yes _____ No _____

Attach evidence of property and liability insurance listing the property as a Short Term Rental

Business and Sales Tax Licenses

Business name _____
Business address _____
State sales tax license number _____
County Lodging tax license number _____

Safety Inspection

Attach safety inspection report required by Code Section 5.28.080(d); must be dated within 60 days of application.

Notice of Application

Attach list of names and addresses of all owners of real property within 300 feet of the proposed short-term rental property with **two sets** of stamped addressed envelopes. The Town will provide return address.

Fee Schedule Paid	Check # _____	<i>Short term rental permit:</i>
a.	<i>\$500 for first permit; \$250 for annual renewal;</i>	<i>\$500.00</i>
b.	<i>Business License 2019</i>	<i>\$256.00</i>
c.	<i>Safety Inspection if you choose SafeBuilt</i>	<i>\$75.00</i>
d.	<i>Total</i>	<i>\$831.00</i>
e.	<i>Board of Selectmen appeal application and review:</i>	<i>\$120.00</i>

Submitted this _____ day of _____, 201__.

Owner signature _____

TOWN OF GEORGETOWN
P.O. Box 426 Georgetown, CO 80444
303-569-2555 x2 / townclerk@townofgeorgetown.us

BUSINESS LICENSE APPLICATION FOR 2019

THIS APPLICATION IS FOR A new license renewal • SALES TAX LICENSE NO. (if retail) _____

NAME OF BUSINESS OWNER _____

NAME OF BUSINESS (DBA) _____

STREET ADDRESS OF BUSINESS _____

BUSINESS PHONE NO. _____ EMAIL ADDRESS _____

MAILING ADDRESS OF BUSINESS _____

LOCAL MANAGER (if not owner) _____

DESCRIPTION OF BUSINESS _____

TYPE OF BUSINESS OWNERSHIP Sole proprietor
 Partnership (not husband and wife)
 Partnership, husband and wife
 Corporation
 Limited Liability Company
 Other _____

DO YOU WISH TO BE LISTED ON THE TOWN'S WEBSITE YES NO

(signature of applicant)

(date)

BUSINESS LICENSE FEES (annual) Please check all that apply.

<input checked="" type="checkbox"/> License for business with its own address or outside of Georgetown	\$ 75.00
<input type="checkbox"/> License for home occupation business within Georgetown	\$ 60.00
<input type="checkbox"/> Renewal late fee (not applicable to out of town contractors)	Double fee
<input checked="" type="checkbox"/> Town sales tax fee for businesses that collect sales taxes	\$ 1.00
<input type="checkbox"/> For each exterior vending machine (pop, cigarette, candy, ice but NOT newspaper)	\$ 35.00
<input type="checkbox"/> For each interior amusement machine (games, etc.)	\$ 10.00
<input type="checkbox"/> Sandwich Board Signs (information required listed on the back of this application)	\$ 50.00 first year \$ 10.00 renewal

PROMOTION ASSESSMENT FEES (annual - applicable only to businesses located in Georgetown)

<input checked="" type="checkbox"/> Annual fee for business with its own address	\$180.00
<input type="checkbox"/> Annual fee for home occupation businesses	\$ 35.00

TOTAL FEES DUE FOR 2019

\$ 256

THIS SECTION TO BE COMPLETED BY TOWN

DATE APPLICATION AND FEE RECEIVED _____

APPROVED DENIED TOWN CLERK: _____

CONDITIONS OF APPROVAL: _____

See other side

Town of Georgetown
 P.O. Box 426
 404 6th St.
 Georgetown, CO 80444
 303-569-2555
 FAX 303-569-2705

Permit #: _____
Job Address: _____
Parcel ID: _____ Lot: _____
Subdivision: _____ Block: _____

Signature of Owner Authorized Agent: _____ Application Date: _____

Description of Work: **Life Safety Inspection**

Property Owner: _____	Phone: _____
Mailing Address: _____	
Primary Contractor Contact Person: _____	License #: _____
Contractor Address: _____	Phone: _____
Service Contractor Contact Person: _____	License #: _____
Contractor Address: _____	Phone: _____
Service Contractor Contact Person: _____	License #: _____
Contractor Address: _____	Phone: _____
Service Contractor Contact Person: _____	License #: _____
Contractor Address: _____	Phone: _____

IMPORTANT - COMPLETE ALL ITEMS AND MARK ALL APPLICABLE ITEMS

SQUARE FOOTAGE Main Floor _____ Add Floors _____ Basement _____ Crawlspace _____ Covered Porch _____ Decks _____ Garage _____ Other _____	PROPOSED USE Residential <input type="checkbox"/> One Family <input type="checkbox"/> Multi Family - Enter number of units - _____ <input type="checkbox"/> Hotel, motel, or dormitory - Enter number of units - _____ <input type="checkbox"/> Garage Single _____ Double _____ Attached _____ Detached _____ <input type="checkbox"/> Carport Attached _____ Detached _____ <input type="checkbox"/> Patio Attached _____ Detached _____ <input type="checkbox"/> Basement Partial _____ Full _____ Finished _____ Unfinished _____ <input type="checkbox"/> Fireplace Masonry _____ (Clearance _____) <input type="checkbox"/> Other _____	TYPE OF HEAT <input type="checkbox"/> Gas LP or NG <input type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/> Other _____	IMPROVEMENT TYPE <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel/ Finish <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Fence <input type="checkbox"/> Roof <input type="checkbox"/> Other _____
	Commercial <input type="checkbox"/> Shell Only _____ Sign _____ <input type="checkbox"/> Tenant Finish <input type="checkbox"/> Remodel/ Addition <input type="checkbox"/> New Building	SEWAGE DISPOSAL <input type="checkbox"/> Public <input type="checkbox"/> Individual	WATER SUPPLY <input type="checkbox"/> Private <input type="checkbox"/> Public

TOTAL VALUE Building Valuation \$ _____ Use Tax Valuation \$ _____	DEMOLITION <input type="checkbox"/> Site Plan <input type="checkbox"/> State Permit <input type="checkbox"/> Asbestos Permit	OCCUPANCY Classification: _____ Construction Type _____ Separated _____ Non-Separated _____	NOTES MISCELLANEOUS # of stories _____ Lot Size _____ Parking Spaces _____ Enclosed _____ Outdoors _____
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FOR OFFICE USE ONLY:

FEES: Total: _____ Deposit: _____ _____ Permit Fee _____ _____ Plan Review _____ _____ Use Tax _____ _____ Water Tap _____ _____ Sewer Tap _____	OTHER FEES: _____ Other (Amt) _____ Description: _____ _____ Other (Amt) _____ Description: _____	SETBACKS: Front: _____ Back: _____ Side1: _____ Side2: _____	REQ: _____ _____ _____	RESIDENTIAL ONLY # of Bedrooms _____ # Full Baths _____ # 3/4 Baths _____ # 1/2 Baths _____
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The applicant, his agents and employees shall comply with all the rules, restrictions and requirements of the Municipality and Building Codes governing location, construction and erection of the above proposed work for which the permit is granted. The Municipality or its agents are authorized to order the immediate cessation of construction at anytime a violation of the codes or regulations appears to have occurred. Violation of any of the codes or regulations applicable may result in the revocation of this permit.

Buildings **MUST** conform with plans as submitted to the Municipality. Any changes of plans or lay out must be approved prior to the changes being made. Any change in the use or occupancy of the building or structure must be approved prior to proceeding with construction.

The applicant is required to call for inspections at various stages of the construction, and in accordance with the aforesaid rule, the applicant shall give the building inspector not less than one day's notice to perform such activities.

In the event construction is not commenced within 150 days of issuance of this permit, then the same is automatically void. Cessation of work for a period of 150 continuous days shall also cause this permit to be void. Permits are not transferable.

Accepted By: _____	Approved by City Official: _____
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