

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

Applicant/Property Owner

Name _____
Mailing / Physical Address _____
Telephone _____
E-mail _____

Short-term Rental Property

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

Owner Representative

Name _____
Mailing / Physical Address _____
Telephone _____
E-mail _____

Rental Specifics

Maximum occupancy of rental guests _____

of Bedrooms _____

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.

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 # _____	Short term rental permit:
a.	\$500 for first permit; \$500 for annual renewal;	\$500.00
b.	Business License 2021	\$256.00
c.	Safety Inspection if you choose SafeBuilt	\$75.00
d.	Total	\$831.00
e.	Board of Selectmen appeal application and review:	\$120.00

Submitted this _____ day of _____, 202__.

Owner signature _____



Town of Georgetown
 P.O. Box 426/ 404 6th St.
 Georgetown, CO 80444
 303-569-2555
 townclerk@townofgeorgetown.us

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

Description of Work: Life Safety Inspection

* Property Owner: _____ Phone: _____
 Mailing Address: _____
 Email: _____
 Primary Contractor Name: _____ Email: _____
 Primary Contractor Name: _____ Phone: _____
 Sub-Contractor Name: _____ Email: _____
 Sub-Contractor Address: _____ Phone: _____

IMPORTANT – COMPLETE ALL ITEMS AND MARK ALL APPLICABLE ITEMS

<u>Square Footage</u> Main Floor: _____ Add. Floors: _____ Basement: _____ Crawlspace: _____ Covered Porch: _____ Decks: _____ Garage: _____ Other: _____ <u>Total Value</u> Project Valuation \$ _____ (Cost of project labor + materials) <u>Demolition</u> <input type="checkbox"/> Site Plan <input type="checkbox"/> State Permit <input type="checkbox"/> Asbestos Permit	<u>Proposed Use</u> <u>Residential</u> <input type="checkbox"/> One Family <input type="checkbox"/> Multi Family: # of units - _____ <input type="checkbox"/> Hotel, motel, or dormitory: # 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 _____ 0-Clearance _____ Other _____ <u>Commercial</u> <input type="checkbox"/> Shell Only _____ Sign _____ <input type="checkbox"/> Tenant Finish <input type="checkbox"/> Remodel / Addition <input type="checkbox"/> New Building	<u>Type of Heat</u> <input type="checkbox"/> Gas LP or NG <input type="checkbox"/> Electricity <input type="checkbox"/> Solar <input type="checkbox"/> Other _____ <u>Sewage Disposal</u> <input type="checkbox"/> Public <input type="checkbox"/> Individual <u>Water Supply</u> <input type="checkbox"/> Private <input type="checkbox"/> Public <u>Occupancy</u> Classification _____ Construction Type _____ Separated _____ Non-Separated _____	<u>Improvement Type</u> <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 _____ <u>Construction Type</u> <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____ <u>Notes:</u> <u>Miscellaneous</u> # of Stories: _____ Lot Size: _____ Parking Spaces _____ Enclosed _____ Outdoors _____ <u>Residential Only</u> # of Bedrooms _____ # Full Baths _____ # ¾ Baths _____ # ½ Baths _____
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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: _____ Side 1: _____ Side 2: _____	REQ: _____ _____ _____
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Office Staff: _____ **City Official:** _____

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 any time 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 layout 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 180 days of issuance of this permit, then the same is automatically void. Cessation of work for a period of 180 continuous days shall also cause this permit to be void. Permits are not transferable.

Signature of Owner/Authorized Agent: _____ **Application Date:** _____

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

BUSINESS LICENSE APPLICATION FOR 2021

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 _____ City _____ State _____ Zip code _____

BUSINESS PHONE NO. _____ EMAIL ADDRESS _____

MAILING ADDRESS OF BUSINESS _____

LOCAL MANAGER (if not owner) _____

DESCRIPTION OF BUSINESS _____

BACKFLOW PREVENTER INSPECTION REPORT (IF REQUIRED) _____

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.

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

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

- Annual fee for business with its own address \$180.00
- Annual fee for home occupation businesses \$ 35.00

TOTAL FEES DUE FOR 2021 \$ _____

THIS SECTION TO BE COMPLETED BY TOWN

DATE APPLICATION AND FEE RECEIVED _____

APPROVED DENIED TOWN CLERK: _____

CONDITIONS OF APPROVAL: _____

See other side