

Town of Simsbury

933 HOPMEADOW STREET

SIMSBURY, CONNECTICUT 06070

Town of Simsbury Short-Term Rental Permit Application

Application # STK		FEE: <u>\$200.00</u>
Application should be completed in full, including original signatures, before submitting to the Planning & Community Development at the Simsbury Town Offices, Planning Department, 933 Hopmeadow Street, Simsbury, Connecticut 06070.		
Applicant Name:		
Property Address:		
Contact Information:		
Email Address:		
Phone Number:		
Place of Primary Residence?	[] Yes	[] No
Names of All Primary Residents at thi	s Address:	
Number of Sleeping Areas at Residence	ce:	
Number of Sleeping Areas at Residence	ce to be Available	while Rented:
Will you be using an Accessory Dwelli	ing Unit as a Rent	table Area? [] Yes [] No
Number of Defined Parking Spaces A	vailable to Renter	s:
Please fill out if permit holder will not	be present on pro	pperty while renting:
Name of Owner's Agent:		
Owner's Agent Contact Information:		
Address:		
Email Address:		
Phone Number:		
List of Services Rental will be Advertis	sed on:	

Neighbor Notification:	
Names and Addresses of Abutting Line:	Properties and Properties 100 Feet from Property
Notice of Permit Mailed to Addresses	Listed Above: [] Yes [] No
<u>Affi</u>	davit and Agreement
hours prior to the inspection for a cancel and expose any items which are covered when a permit is issued, it is a permit to present the statute, regardless of what may be shown regardless of any agreement with any office.	I agree to schedule an inspection and will notify within 24 lation; I agree to allow access to the unit as well as uncover or concealed per the inspectors request; I understand that proceed and grant no right to violate any code, ordinance or or omitted on the submitted plans and specifications icial. I have read and agree to all the above, as well as I Town of Simsbury Short-Term Rental Ordinance as a November 8, 2021.
Signature:	Date:
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Internal Use Only~~~~~~~~~~
[ ] New Permit [ ] Permit Rener	·
Safety Check: Internal: [ ] Pass [ ] Fail	
External: [] Pass [] Fail	Maximum Occupancy Allowed: Persons
Copies of Neighbor Notification Mail	lings Provided to Planning: [ ] Yes [ ] No
New Application Fee Paid: [] Yes	[ ] No [ ] Renewal Fee Paid
Permit Issued Date:	Permit Expiration Date:
Permit is: [ ] Approved [	] Denied
	Date
Name:	Date:

Title: