

# SHORT-TERM RENTAL PERMIT APPLICATION LINCOLN COUNTY

PERMIT: STR-

\*\*Application must be filled out completely and include all applicable items (see page 2) for staff to review\*\*

| PROPERTY OWNER INFORMATION |             |
|----------------------------|-------------|
| Owner(s)                   |             |
| Mailing Address            |             |
| City, State, ZIP           |             |
| Telephone                  | Cell: Home: |
| E-Mail                     |             |

| APPLICANT INFORMATION |             | <input type="checkbox"/> Same as property owner |
|-----------------------|-------------|---|
| Owner(s)              |             |   |
| Mailing Address       |             |   |
| City, State, ZIP      |             |   |
| Telephone             | Cell: Home: |   |
| E-Mail                |             |   |

| THIS APPLICATION IS FOR:                                  |   |
|---|---|
| <input type="checkbox"/> New/Initial Application for STRP | <input type="checkbox"/> Renewal of an existing STR (Permit: STR- - ) |

| PROPERTY SITE LOCATION                              |                                |
|---|--------------------------------|
| Site Address:                                       |                                |
| Section: ____ Township: ____ North Range: ____ East | Gov. Lot ____ OR ____ ¼ ____ ¼ |
| Additional Info:<br>(Lot, Block, Subdiv, CSM, etc)  |                                |

| RESIDENT AGENT INFORMATION |  |
|----------------------------|--|
| <input type="checkbox"/>   | Same as Property Owner → Distance from residence to STR: ____ driving miles          |
| <input type="checkbox"/>   | Same as Applicant (Resident Agent Agreement Form Required if NOT the property owner) |
| <input type="checkbox"/>   | Other Individual/Corporate Entity (Resident Agent Agreement Form Required)           |

| REFUSE/SOLID WASTE               |  |
|----------------------------------|--|
| Solid Waste Disposal Service:    |  |
| Schedule for Solid Waste Pickup: |  |

| OVERNIGHT OCCUPANCY                                       |                            |
|---|----------------------------|
| Maximum Overnight Occupancy (number of overnight guests): |                            |
| Number of Bedrooms:                                       | POWTS State Permit Number: |
| Minimum Number of Consecutive Nights to be Rented:        |                            |
| Maximum Number of Consecutive Nights to be Rented:        |                            |

| PARKING   |  |
|---|--|
| Number of Parking Sites Available (No On-Street Parking for Renters Allowed): |  |

PLEASE COMPLETE OTHER SIDE OF THE APPLICATION

Town

Tax Parcel #

First Name

Last Name

Owner

# THE FOLLOWING ITEMS ARE **REQUIRED** TO BE INCLUDED WITH THIS APPLICATION

## **INITIAL APPLICATIONS**

- ☐ Lincoln County Zoning Permit/Renewal Fee (See Fee Schedule)
- ☐ Copy of Floor plan of all floors to be occupied in the dwelling, drawn neatly and accurately with dimensions clearly shown.
- ☐ Site plan drawn neatly and accurately of the parcel including, but not limited to, lot lines, parking, and location of garbage collection areas.
- ☐ Copy of Property Rental Rules to include minimum information as defined in 17.8.51(9)
- ☐ Resident Agent Agreement Form (if Resident Agent is NOT the property owner)
- ☐ Proof of adequate sanitation facilities (copy of Private Onsite Waste Treatment System permit).
- ☐ Proof of application for Lincoln County Health Department License/State of Wisconsin tourist rooming house license

**RENEWAL APPLICATIONS** (Permit Renewals must be received before the permit expiration date. To avoid delay in rental operations, we recommend submitting your renewal 30 days before the expiration date.)

- ☐ Lincoln County Zoning Permit/Renewal Fee (See Fee Schedule)
- ☐ Copy of Lincoln County Health Department License/State of Wisconsin tourist rooming house license.
- ☐ IF THERE HAVE BEEN ANY CHANGES FROM THE INITIAL APPLICATION: Property Rental Rules, Resident Agent Agreement

## **PLEASE READ AND SIGN**

The undersigned hereby makes application for a Short-Term Rental Permit for the rental activities described and located as shown herein. The undersigned agrees that all rental activities shall be done in accordance with the requirements of the Lincoln County Zoning Ordinance and with all other applicable County Ordinances and the laws and regulations of the State of Wisconsin. I declare that the information that I am supplying is true and accurate to the best of my knowledge and I acknowledge that this information will be relied upon for the issuance of this permit. By signing this application I am also granting permission to the zoning department staff to enter my property at any reasonable time for the purpose of inspection to assure compliance with the zoning laws relative to the issuance of this permit.

I acknowledge the following:

- Any changes in ownership of the property, resident agent, or refuse hauler shall be forwarded to the Zoning Department within ten (10) days of the change.
- No renting of the property shall begin until a Lincoln County Health Department License has been issued.
- No renting of the property shall begin until a Lincoln County Zoning Short-Term Rental Permit has been issued.
- No renting of the property shall begin until all other State and County permits and licenses have been issued.
- All Short-Term Rental Permits expire one (1) year from the date issued/renewed.

Property Owner Signature:

Date:

## **THIS BOX FOR OFFICE USE ONLY**

**Permit Fees** New: \$250 Renewal: \$150 Receipt:

Inspected By:

Date Inspected:

Permit Application: ☐ Approved ☐ Denied

Staff Signature:

Date:

Conditions of Permit:

☐ See Attached Permit Card