

Town of Abita Springs

Short Term Rental Application

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

-Office Use Only-	
Received By:	<u>Kristin Tortorich</u>
Date:	<u>2/8/2021</u>
Time:	<u>12:30</u>
Permit #:	_____

APPLICANT INFORMATION

Name: Caitlin Scorsone Alternate Emergency Contact: Khonda Scorsone
Mailing Address: 71661 Keller St. Abita Springs Alternate Address: 71558 St James St. Abita
Address: LA 70420 Alternate Phone #: 985-951-0205
Phone: 985-635-1984 Email: Catie.scorsone@gmail.com

RENTAL PROPERTY INFORMATION

Business Name: Caitlin Scorsone
Physical Address: 71661 Keller St. Abita Springs, LA 70420 Phone #: 985-635-1984
Prior Permit #: _____

MANDATORY DOCUMENT CHECKLIST

- Real Property Document Translative of Title (Proof of Ownership)
- N/A Proof of Homestead Exemption (Residential Only)
- Fire Inspection Document
- Property Assessment Document
- Certificate of Insurance
- N/A If Applicable, Proof of Prior Operation (6 months)
- If Applicable, Certificate of Appropriateness for Signage (issued by the Historic Commission)
- Site & Floorplan (to include square footage, egress, location of disconnect panels and water main valve)

ACKNOWLEDGMENT

- I will maintain a minimum of \$500,000 of valid business liability insurance on the rental property.
- Smoke and carbon monoxide detectors are installed and operable in every bedroom.
- Emergency contact information and the short term rental permit will be clearly posted on premise.
- My rental property complies with all applicable regulations.
- All ingress and egress locations in the building are unobstructed, maintained and operational.

I understand that I am responsible for compliance with all applicable local, state, and federal regulations. I further understand my responsibilities under the Town of Abita Springs Code of Ordinances and that violations of any of these could lead to the revocation of my short term rental permit and additional penalties. I hereby certify that the above information is true and correct to the best of my knowledge.

APPLICANT

Signature: Caitlin Scorsone
Print Name: Caitlin Scorsone
Date: _____

WITNESS

Signature: _____
Print Name: _____

STATE OF LOUISIANA PARISH OF ST. TAMMANY
MELISSA R. HENRY CLERK OF COURT
I certify that this instrument was filed and recorded
Nov 19 2019 at 3:23 P M
INST. # _____ of the official records.
Pamela M Tripp
DEPUTY CLERK

Pamela M. Tripp, Deputy Clerk

DONATION INTER VIVOS

UNITED STATES OF AMERICA

BY: RHONDA PRITCHARD SCORSONE

STATE OF LOUISIANA

TO: CAITLIN SCORSONE

PARISH OF ST. TAMMANY

BE IT KNOWN, before me, Notary Public, that on the hereinafter stated dates, before us, the undersigned Notaries Public, duly commissioned and qualified, in and for the states aforesaid, therein residing, and in the presence of the competent witnesses hereinafter named and undersigned:

PERSONALLY CAME AND APPEARED:

RHONDA PRITCHARD SCORSONE (SSN XXX-XX-7151), a person of the full age of majority, who declared unto me, Notary, that she has been married but once and then to Vincent Scorsone from whom she was divorced and that she has not since remarried; her mailing address being 71558 St. James St., Abita Springs, LA 70420

(hereinafter referred to as "Donor")

who declares that she does, by these presents, irrevocably donate inter vivos, give, grant, transfer and set over, with all legal warranties and with full substitution and subrogation in and to all rights and actions of warranty which said donor has or may have against all preceding owners and vendors, and deliver unto the said

CAITLIN SCORSONE, a person of the full age of majority, who declared unto me, Notary, that she is single, having never been married; her mailing address being 71558 St. James St., Abita Springs, LA 70420;

ALL OF HER UNDIVIDED right, title and interest in and to the hereinafter described immovable property, subject to the reservation of Donor's lifetime usufruct of subject property, which is more fully described, to-wit:

ALL THAT CERTAIN PIECE OR PARCEL OF GROUND, together with all buildings and improvements thereon, all rights, ways, means, privileges, servitudes, prescriptions and appurtenances thereunto belonging or in anywise appertaining thereto and being more particularly described as:

Lot No. 3 of Square No. 1 of the Bossier City Addition to the Town of Abita Springs, St. Tammany Parish, State of Louisiana.

in connection with any title defects which might have been disclosed by such title examination.

TO HAVE AND TO HOLD said property unto said Donee, her heirs, successors and assigns forever.

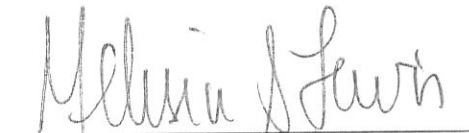
Said donees do hereby accept this donation with gratitude and acknowledge delivery and possession thereof.

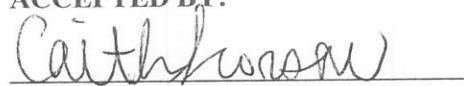
THUS DONE AND PASSED in my office at Mandeville, Louisiana, on the 19th day of November, 2019, in the presence of the competent witnesses, who hereunder signed their names with said appearers and me, Notary, after reading of the whole.


WITNESSES:


Alisa Welch


RHONDA PRITCHARD SCORSONE,
DONOR


MELISSA LEWIS

ACCEPTED BY:

CAITLIN SCORSONE, DONEE


NOTARY PUBLIC

PAMELA R CULOTTA
NOTARY# 55700
ST. TAMMANY PARISH, LA
COMMISSION EXPIRES WITH LIFE



COMPLIANCE INSPECTION REPORT
ABITA SPRINGS SHORT TERM RENTAL
FIRE DISTRICT #8
22455 HWY 36 - PO BOX 937
ABITA SPRINGS, LA 70420
(985) 892-2065
www.stfd8.com

OWNER Caitlin Scorsone CONTACT 985-635-1984

MAILING ADDRESS 71661 Keller St. Abita Springs, La. 70420

INSPECTED ADDRESS 71661 Keller St. Abita Springs, LA 70420

PHONE # _____ ALTERNATIVE PHONE # _____

- Smoke and carbon monoxide detectors are present, operable and maintained in each bedroom.
- Address is clearly marked and visible at the street.
- Perimeter of building is free of accumulation of weeds, trash, tires and other debris
- Means of egress, corridors, hallways and stairways are free of obstructions

COMMENTS:

Fire extinguishers located @ front door & master bedroom

This inspection was performed for the purpose short-term rental permitting in the Town of Abita Springs. The inspection shall establish pre-fire planning, hazard identification and mitigation and smoke and carbon monoxide detector compliance.

Owner Caitlin Scorsone Signature Caitlin Scorsone Date _____
 (Print Name)

Inspector Eric GIVENS Signature EDG Date 2/6/21
 (Print Name)



**TAX COLLECTOR
ST. TAMMANY PARISH**

**2020 REAL ESTATE
PROPERTY TAX NOTICE**

*Keller St
Taxes
2020*

SCORSONE, CAITLIN
SCORSONE, RHONDA; USUFRUCT 1-5323
71558 SAINT JAMES ST T23 P1
ABITA SPRINGS, LA 70420-3812



ASSESSMENT NUMBER

1150305499

PROPERTY ASSESSED	ASSESSMENT
LAND	4,500
BUILDING(S)	13,159
TOTAL ASSESSMENT	17,659
NET ASSESSMENT	17,659

MILLAGE & PARCEL FEE CHARGES

TAX DISTRICT	MILLAGE	TAX AMT
LAW ENFORCEMENT	11.14	\$196.75
SCHOOL DIST NO 12 BOND/INT	13.90	\$245.46
SCHOOL CONST TAX	3.48	\$61.45
SCHOOL ADDITIONAL SUPPORT	4.42	\$78.05
SCHOOL BLDG REPAIR	3.14	\$55.45
OPERATION AND MAINT SCHOOL	32.41	\$572.33
SCHOOL SAFETY/SECURITY	2.75	\$48.56
SCHOOL SECURITY SRO MHP	1.90	\$33.55
FLORIDA PARISH JUV CENTER	2.75	\$48.56
DRAINAGE MAINTENANCE	1.69	\$29.84
LIBRARY	5.78	\$102.07
ASSESSMENT DISTRICT	2.47	\$43.62
PUBLIC HEALTH	1.69	\$29.84
ANIMAL SHELTER	0.78	\$13.77
COUNCIL ON AGING	1.83	\$32.32
CORONER'S MILLAGE	3.10	\$54.74
MOSQUITO DIST 2	3.90	\$68.87
ALIMONY 2	1.37	\$24.19
FIRE DIST 8	32.25	\$569.50
RECREATION DIST 11	9.23	\$162.99
TOTAL PARISH MILLAGE/TAXES (TAXABLE ASSESSED VALUE 17,659)	139.98	\$2,471.91
ADDITIONAL CHARGES: ABITA SPRINGS MILLAGE/TAXES (TAXABLE ASSESSED VALUE 17,659)	15.25	\$269.30
PAY THIS AMOUNT		\$2,741.21

**Tax Year: 2020
Due Date: December 31st, 2020**

- This document and your cancelled check serve as your receipt. If your check has not cleared within a month following its mailing, please contact our office at 985-809-8217.
- Interest will accrue at a rate of 1% per month or any portion thereof following the due date. As delinquency continues, additional fees will be applied.
- If your mortgage company pays this bill, please forward this bill to them.
- If you no longer own this property, please forward this bill to the new owner.

See reverse side of this form for additional information.

PROPERTY DESCRIPTION

LOT 3 SQ 1 BOSSIER CITY ADD CB 841 606 INST NO 1848794 INST NO 1970743 INST NO 1977010 INST NO 2032951 INST NO 2035183 INST NO 2045546 INST NO 2182720 USUFRU CT TO RHONDA SCORSONE INST NO 2183606

DO NOT MAIL PAYMENT WITH THIS CHANGE OF ADDRESS NOTICE.

CHANGE OF ADDRESS NOTIFICATION : If you are still the owner of the above described property and your address has changed, complete and detach this section and forward it DIRECTLY to: St. Tammany Assessor, 701 N. Columbia St., Covington, LA 70433.

Assessment # **1150305499**

Mailing Address: _____ (Street) _____ (City, State, Zip)

Physical Address: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/25/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Workman Insurance Group 301 Louisiana Avenue Bogalusa LA 70427	CONTACT NAME: Chris Workman PHONE (A/C, No. Ext): (985) 732-4104 E-MAIL ADDRESS: chris@workmangroup.org	FAX (A/C, No): (985) 888-0002
	INSURER(S) AFFORDING COVERAGE	
INSURED Caitlin Scorsone 71558 Saint James St Abita Springs LA 70420	INSURER A: United Property and Casualty Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	


COVERAGES **CERTIFICATE NUMBER:** CL2112500496 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Special			ULD 5022964 01 17	11/21/2020	11/21/2021	EACH OCCURRENCE \$ 50000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$ 5000
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N <input type="checkbox"/> N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

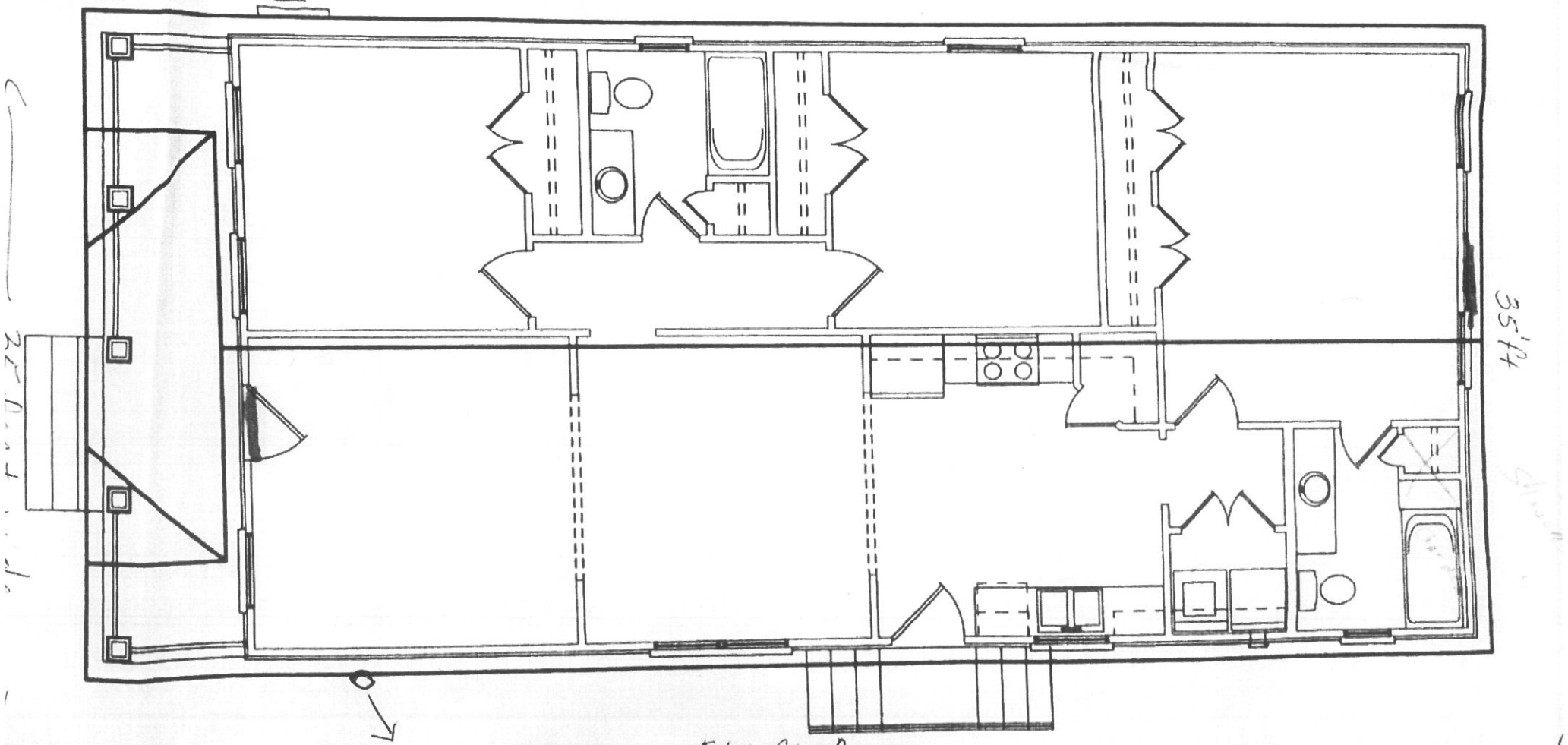
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Location 1: 71661 Keller St Abita Springs LA 70420

CERTIFICATE HOLDER Rhonda Scorsone	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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Electrical Breaker Box outside to turn off power



35' 1/2"

56' ft Deep

Water valve on bottom of the faucet. Turn right to turn off.

1450 sq. feet



DISCLAIMER: Every reasonable effort has been made to assure the accuracy of the parcel and base map data presented. The St. Tammany Parish Assessor makes no warranties, express or implied, regarding the completeness, reliability or suitability of the site data and assumes no liability associated with the use or misuse of said data. The parcel data on the base map is used to locate, identify and inventory parcels of land in St. Tammany Parish for assessment purposes only and is not to be used or interpreted as a legal survey or legal document. Additional data layers not originating in the Assessor's Office are also presented for informational purposes only. Before proceeding in any legal matter, all data should be verified by contacting the appropriate county or municipal office.

November 13, 2019

