

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: Rhonda Scorsone
Mailing Address: 71558 St. James St.
Address: 71558 St. James St. Abita
Phone: 985-951-0205

Alternate Emergency Contact: Catie Scorsone
Alternate Address: 179 Osborn Moody Rd. Poplarville
Alternate Phone #: 985-635-1984 MS
Email: rhonda871@yahoo.com

RENTAL PROPERTY INFORMATION

Business Name: Rhonda Scorsone
Physical Address: 71558 St. James St. Phone #: 985-951-0205
Prior Permit #: _____

MANDATORY DOCUMENT CHECKLIST

- Real Property Document Translative of Title (Proof of Ownership)
- Proof of Homestead Exemption (Residential Only)
- Fire Inspection Document
- Property Assessment Document
- Certificate of Insurance
- 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: Rhonda Scorsone
Print Name: Rhonda Scorsone
Date: 2/8/2021

WITNESS
Signature: _____
Print Name: _____

QUITCLAIM DEED

UNITED STATES OF AMERICA

FROM: VINCENT P. SCORSONE

STATE OF LOUISIANA

TO: RHONDA PRITCHARD SCORSONE

PARISH OF ST. TAMMANY

BEFORE ME, the undersigned authority, and in the presence of the undersigned competent witnesses, personally came and appeared:

VINCENT P. SCORSONE, A person of the full age of majority, who declared, under oath, unto me, Notary, that he is a resident of State of Louisiana, having a Mailing Address of 71207 Bryan St., Abita Springs, LA 70420;

who declared that for the consideration of the price and sum of TEN AND NO/100 (\$10.00) DOLLARS, receipt whereof is hereby acknowledged, and full acquittance and discharge therefore given, does hereby transfer, assign, quitclaim, remise, release and relinquish and redeem unto:

RHONDA PRITCHARD SCORSONE, a person of the full age of majority, who declared, under oath, unto me, Notary, that she is a resident of the State of Louisiana, having a mailing address of 71558 St. James St., Abita Springs, LA 70420;

all of the right, title and interest which he has or may have in and to the following described property situated in the Parish of St. Tammany, State of Louisiana, 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. 1 of Square D, Bossier City Addition to the Town of Abita Springs, St. Tammany Parish, Louisiana. In accordance with the resubdivision survey by John G. Cummings filed 1/31/2003 as Map File No. 2678F in the official records of St. Tammany Parish, Louisiana.

NO TITLE EXAMINATION HAS BEEN REQUESTED NOR ANY PERFORMED ON THE ABOVE DESCRIBED PROPERTY BY THE NOTARY HEREIN AND THE PARTIES HERETO HOLD HARMLESS AND RELEASE THE NOTARY FROM ANY LIABILITY DUE TO NON-PRODUCTION OF SAME.

TO HAVE AND TO HOLD the same unto RHONDA PRITCHARD SCORSONE, her heirs, successors and assigns forever, without any warranty whatsoever, even for the return of the price, but with full substitution and subrogation in and to all rights and actions of warranty which said transferor may have against all previous owners or vendors.

THUS DONE AND PASSED, at my office in Mandeville, Louisiana on this 4th day of May, 2017, in the presence of the undersigned competent witnesses, who hereunto sign their names with the appearer and me, Notary, after due reading of the whole.

WITNESSES:

Courtney Jarrell
Arlene Welch

Vincent P. Scorsone
Notary Public



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 Rhonda Scorsone CONTACT 985-951-0205

MAILING ADDRESS 71558 St. James St Abita Springs, La. 70420

INSPECTED ADDRESS 71558 ST. JAMES 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:

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 Rhonda Scorsone Signature [Signature] Date _____
 (Print Name)

Inspector ERIC GIVENS Signature [Signature] Date 2/6/21
 (Print Name)



**TAX COLLECTOR
ST. TAMMANY PARISH
2020 REAL ESTATE
PROPERTY TAX NOTICE**

*St James
Taxes 2020*

SCORSONE, RHONDA P
71558 SAINT JAMES ST
ABITA SPRINGS, LA 70420-3812

1-4280
T19 P1



ASSESSMENT NUMBER

1158084310

PROPERTY ASSESSED	ASSESSMENT
LAND	3,855
BUILDING(S)	11,907
TOTAL ASSESSMENT	15,762
LESS HOMESTEAD EXEMPTION	7,500
NET ASSESSMENT	8,262

MILLAGE & PARCEL FEE CHARGES		
TAX DISTRICT	MILLAGE	TAX AMT
LAW ENFORCEMENT	11.14	\$92.05
SCHOOL DIST NO 12 BOND/INT	13.90	\$114.84
SCHOOL CONST TAX	3.48	\$28.75
SGHOO ADDITIONAL SUPPORT	4.42	\$36.52
SCHOOL BLDG REPAIR	3.14	\$25.94
OPERATION AND MAINT SCHOOL	32.41	\$267.77
SCHOOL SAFETY/SECURITY	2.75	\$22.72
SCHOOL SECURITY SRO MHP	1.90	\$15.70
FLORIDA PARISH JUV CENTER	2.75	\$22.72
DRAINAGE MAINTENANCE	1.69	\$13.96
LIBRARY	5.78	\$47.75
ASSESSMENT DISTRICT	2.47	\$20.41
PUBLIC HEALTH	1.69	\$13.96
ANIMAL SHELTER	0.78	\$6.44
COUNCIL ON AGING	1.83	\$15.12
CORONER'S MILLAGE	3.10	\$25.61
MOSQUITO DIST 2	3.90	\$32.22
ALIMONY 2	1.37	\$11.32
FIRE DIST 8	32.25	\$266.45
RECREATION DIST 11	9.23	\$76.26
TOTAL PARISH MILLAGE/TAXES (TAXABLE ASSESSED VALUE 8,262)	139.98	\$1,156.51
ADDITIONAL CHARGES: ABITA SPRINGS MILLAGE/TAXES (TAXABLE ASSESSED VALUE 15,762)	15.25	\$240.37
PAY THIS AMOUNT		\$1,396.88

**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 1 SQ D MEAS 110.52 X 109.98 X 87.3 X 111.48 BOSSIER CITY CB 160 316 INST NO 1026855
INST NO 1138174 INST NO 1343395 INST NO 1889599 INST NO 1816958 INST NO 1852040 INST
NO 1970743 INST NO 1977010 INST NO 2032951 INST NO 2035182 INST NO 2045546 INST NO
2063380

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 # **1158084310**

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	FAX (A/C, No): (985) 888-0002
	PHONE (A/C, No, Ext): (985) 732-4104	E-MAIL ADDRESS: chris@workmangroup.org
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Rhonda Scorsonne 71558 Saint James St Abita Springs LA 70420	INSURER A: United Property and Casualty Insurance	10969
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2112500495 **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 <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ULD 5024741 01 17	02/21/2021	02/21/2022	EACH OCCURRENCE \$ 300000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 1000 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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		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)

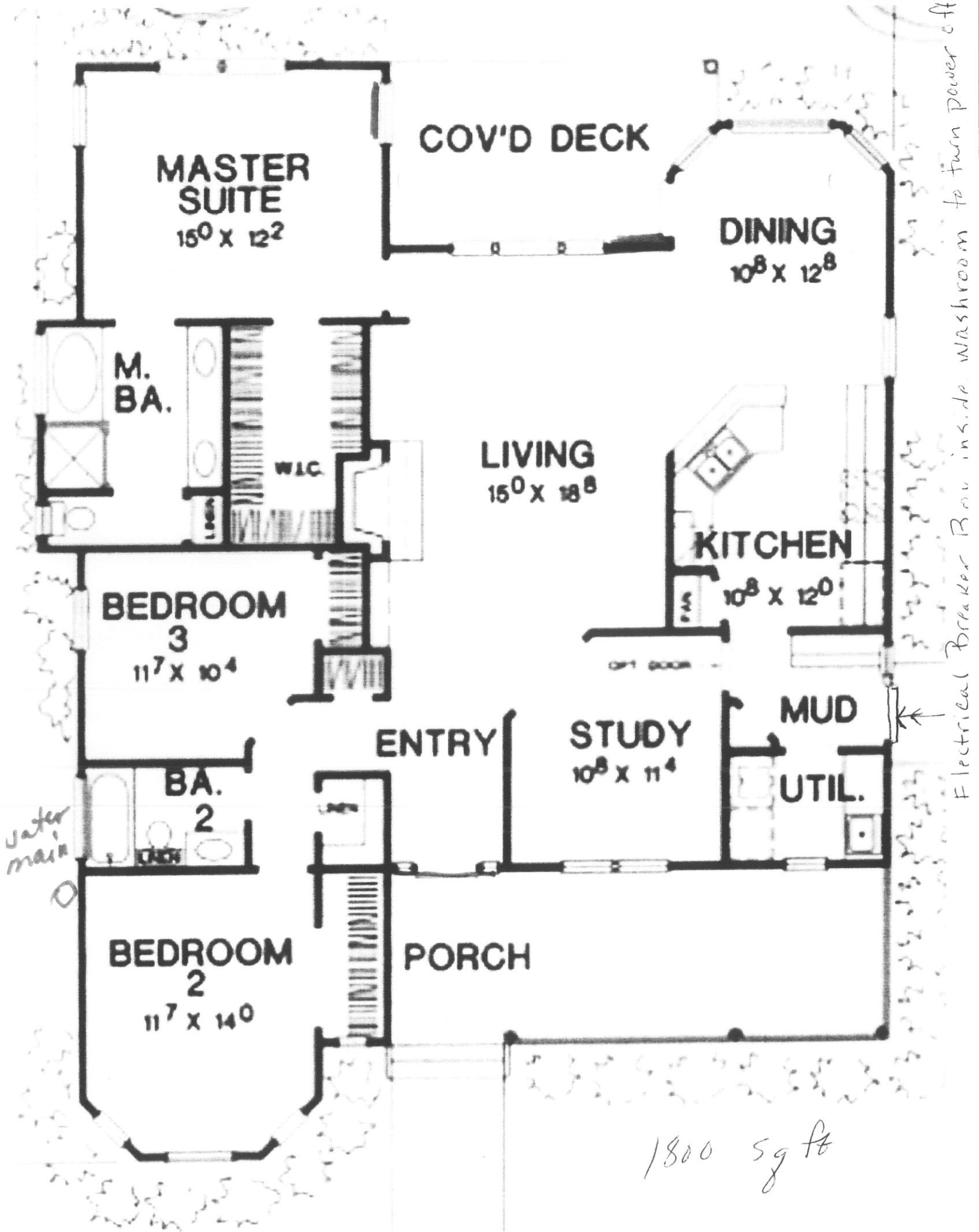
Location 1: 71558 Saint James St, Abita Springs LA 70420

CERTIFICATE HOLDER **CANCELLATION**

Rhonda Scorsonne

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



MASTER SUITE
15⁰ X 12²

COV'D DECK

DINING
10⁸ X 12⁸

M. BA.

W.I.C.

LIVING
15⁰ X 18⁸

KITCHEN
10⁸ X 12⁰

BEDROOM
3
11⁷ X 10⁴

OPT. DOOR

ENTRY

STUDY
10⁸ X 11⁴

MUD

UTIL.

BA.
2

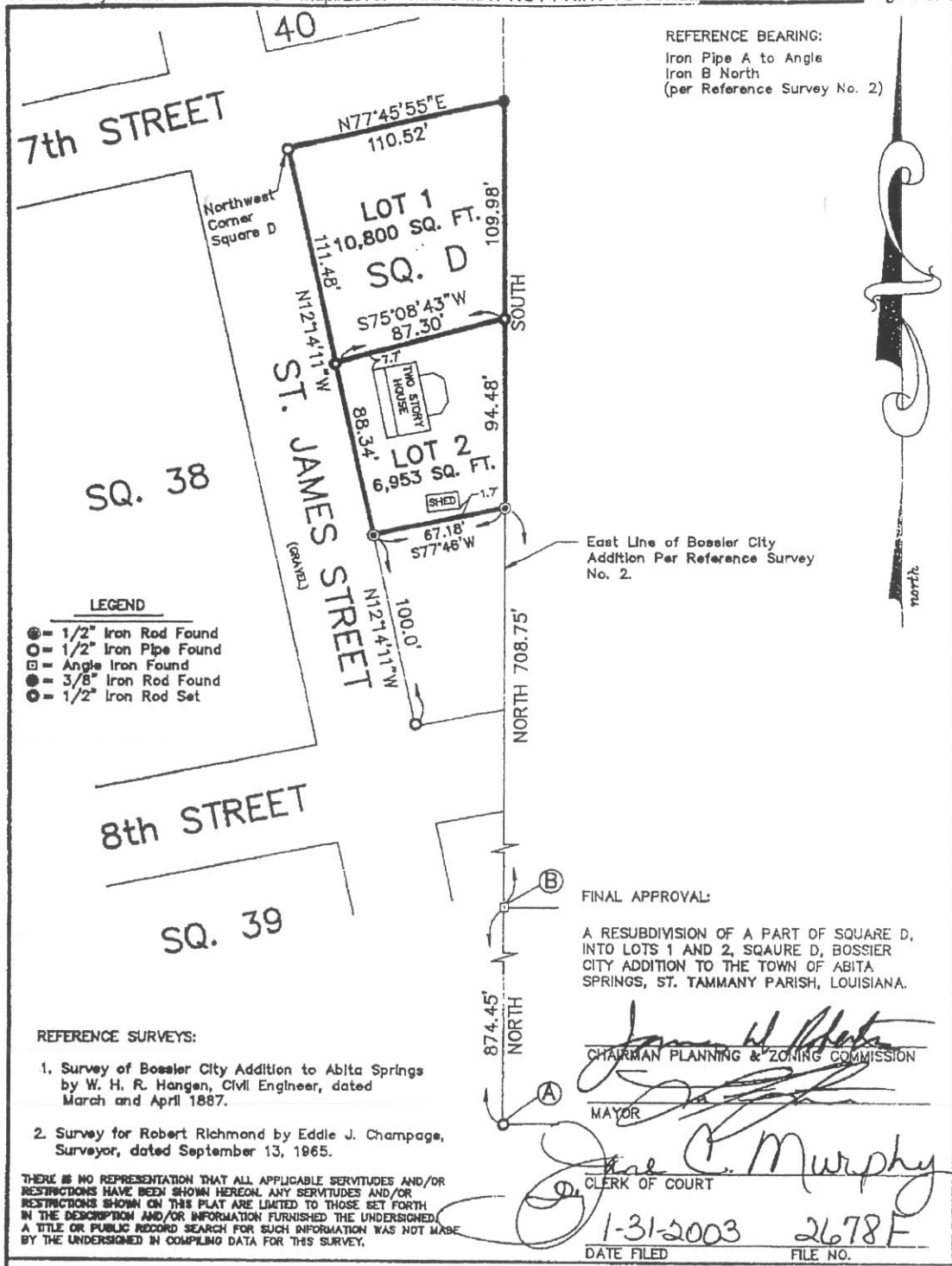
BEDROOM
2
11⁷ X 14⁰

PORCH

1800 sq ft

Electrical Breaker Box inside washroom to turn power off

Water main



John G. Cummings and Associates

605 N. JEFFERSON AVE.

Professional Land Surveyors

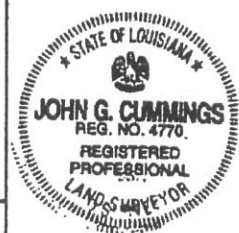
(RB5) 692-1549
 COVINGTON, LA. 70433

PLAT PREPARED FOR: *Rhonda Scorson*

SHOWING A SURVEY OF: A RESUBDIVISION OF A PART OF SQUARE D, BOSSIER CITY ADDITION TO THE TOWN OF ABITA SPRINGS, ST. TAMMANY PARISH, LOUISIANA.

THIS PLAT REPRESENTS A PHYSICAL SURVEY MADE ON THE GROUND BY ME, OR THOSE UNDER MY DIRECTION, AND CONFORMS TO ALL APPLICABLE STANDARDS SET FORTH BY THE STATE OF LOUISIANA, AND BEARS A CLASS C SURVEY.

John G. Cummings
 PROFESSIONAL LAND SURVEYOR



SCALE: 1" = 60'

JOB NO. 02158A

DATE: 12/27/02

REVISED: