

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: Abigail Scorsone
Mailing Address: 71675 Leveson St.
Address: 71675 Leveson St.
Phone: 985-635-1985

Alternate Emergency Contact: Rhonda Scorsone
Alternate Address: 71558 St. James St. Abita
Alternate Phone #: 985-951-0205
Email: abby.scorsone@gmail.com

RENTAL PROPERTY INFORMATION

Business Name: Abigail Scorsone - 71675 Leveson St.
Physical Address: 71675 Leveson St. Abita Springs Phone #: 985-635-1985
Prior Permit #: 1003 70420

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 Not sufficient
- 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: Abigail Scorsone

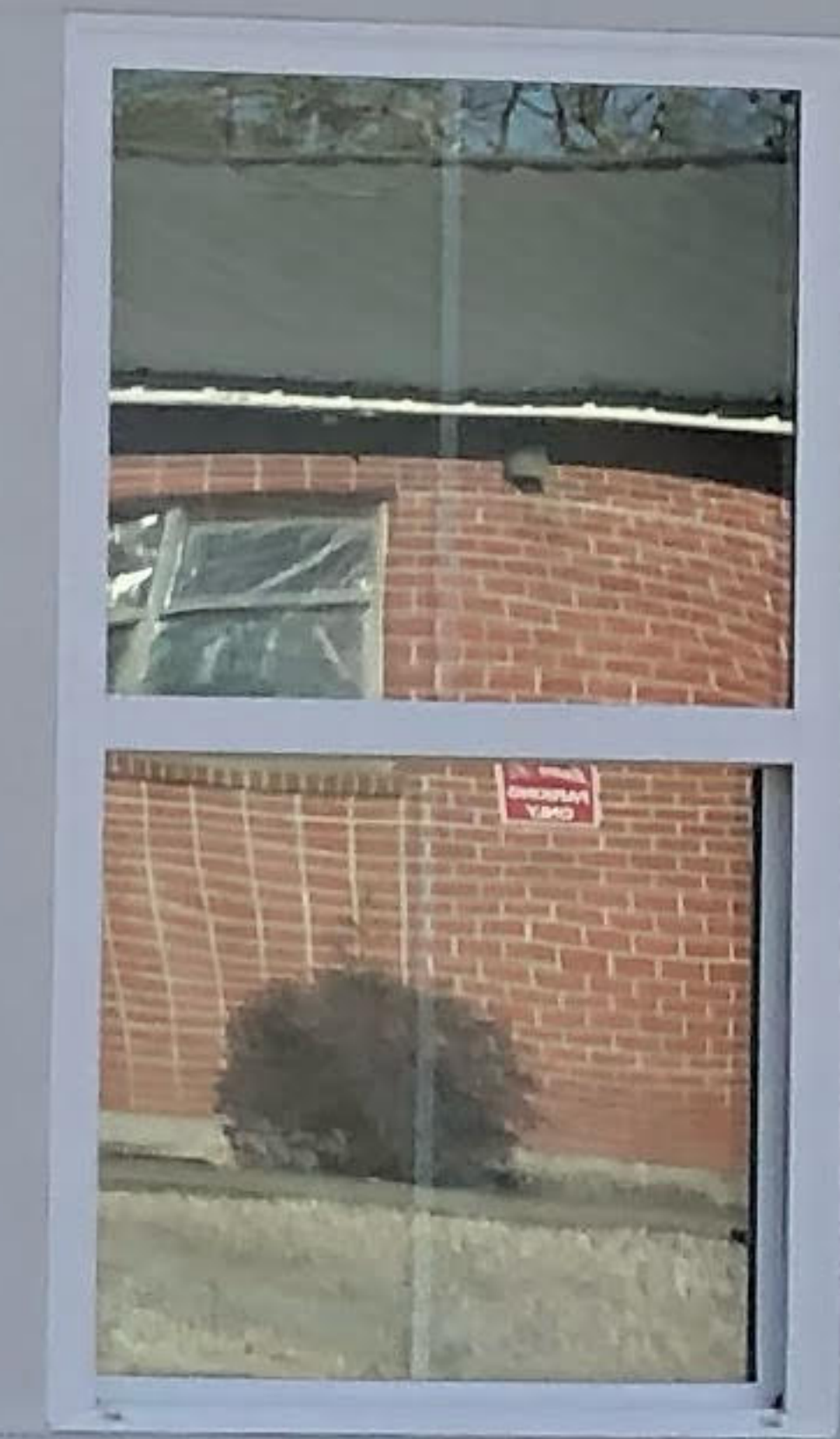
Print Name: Abigail Scorsone

Date: _____

WITNESS

Signature: _____

Print Name: _____



NO PARKING
UNAUTHORIZED
VEHICLES WILL BE
TOWED AWAY
AT VEHICLE
OWNER'S EXPENSE

KPI-71673



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: ABIGAIL 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

ABIGAIL 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, situated in the State of Louisiana, Parish of St. Tammany, designated as a Parcel of Land in "The Avenues" in the Bossier City portion of the Town of Abita Springs, on a survey made by Albert A. Lovell, Surveyor, dated September 12, 1978, and according thereto, and said parcel of ground commences at a distance of 85.5 feet from the intersection of Warren Street and First (Level or Front) Street, measures thence 56 feet front on Warren Street, the same width in the rear, by a depth of 140 feet between equal and parallel lines.

Acquired by Act of Sale dated March 16, 2017 and recorded as Instrument #2056666 of the official records of St. Tammany Parish, Louisiana.

Improvements thereon bear the Municipal No. 71675 Leveson St., Abita Springs, LA 70420;

NOTE: THE PARTIES HERETO TAKE COGNIZANCE THAT NO TITLE EXAMINATION ON THE HEREIN DESCRIBED PROPERTY IN CONNECTION WITH THIS ACT OF DONATION HAS BEEN MADE BY THE UNDERSIGNED NOTARY, AND THE PARTIES HERETO HEREBY RELIEVE AND RELEASE ME, NOTARY, AND STONE TITLE INSURANCE OF LA, LLC, FROM ANY LIABILITY IN CONNECTION WITH ANY TITLE DEFECTS WHICH MIGHT HAVE BEEN DISCLOSED BY SUCH TITLE EXAMINATION.

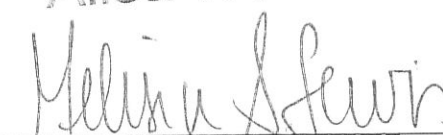
TO HAVE AND TO HOLD said property unto said Donee, her heirs, successors and assigns forever.

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:

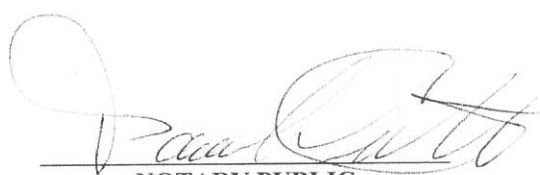

Alisa Welch


MELISSA LEWIS


RHONDA PRITCHARD SCORSONE,
DONOR

ACCEPTED BY:


ABIGAIL 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 Abigail Scorsone CONTACT 985-635-1985

MAILING ADDRESS 71675 Leveson St. Abita Springs, La. 70420

INSPECTED ADDRESS 71675 Leveson 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. *SEE NOTES*
- 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:

10:BC ABC Extinguisher 1 Located in Kitchen 1 Located in Laundry Room

* Building is undergoing some minor updating. ADVISED to place covers over light switches & outlet. Single digit on address on post printing. Owner ADVISED all is planned on repair already FIXED PRIOR to LEAVING

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 Abigail Scorsone Signature *Abigail Scorsone* Date _____
 (Print Name)

Inspector Eric Givens Signature *Eric Givens* Date 2/6/21
 (Print Name)



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

ASSESSMENT NUMBER

1150309761

2020 Taxes

SCORSONE, ABIGAIL M 1-5106
71675 LEVESON ST T22 P1
ABITA SPRINGS, LA 70420-3635



PROPERTY ASSESSED	ASSESSMENT
LAND	4,500
BUILDING(S)	6,484
TOTAL ASSESSMENT	10,984
LESS HOMESTEAD EXEMPTION	7,500
NET ASSESSMENT	3,484

MILLAGE & PARCEL FEE CHARGES		
TAX DISTRICT	MILLAGE	TAX AMT
LAW ENFORCEMENT	11.14	\$38.79
SCHOOL DIST NO 12 BOND/INT	13.90	\$48.43
SCHOOL CONST TAX	3.48	\$12.12
SCHOOL ADDITIONAL SUPPORT	4.42	\$15.40
SCHOOL BLDG REPAIR	3.14	\$10.94
OPERATION AND MAINT SCHOOL	32.41	\$112.92
SCHOOL SAFETY/SECURITY	2.75	\$9.58
SCHOOL SECURITY SRO MHP	1.90	\$6.62
FLORIDA PARISH JUV CENTER	2.75	\$9.58
DRAINAGE MAINTENANCE	1.69	\$5.89
LIBRARY	5.78	\$20.14
ASSESSMENT DISTRICT	2.47	\$8.61
PUBLIC HEALTH	1.69	\$5.89
ANIMAL SHELTER	0.78	\$2.72
COUNCIL ON AGING	1.83	\$6.38
CORONER'S MILLAGE	3.10	\$10.80
MOSQUITO DIST 2	3.90	\$13.59
ALIMONY 2	1.37	\$4.77
FIRE DIST 8	32.25	\$112.36
RECREATION DIST 11	9.23	\$32.16
TOTAL PARISH MILLAGE/TAXES	139.98	\$487.69
(TAXABLE ASSESSED VALUE		
3,484)		
ADDITIONAL CHARGES:		
ABITA SPRINGS MILLAGE/TAXES	15.25	\$167.51
(TAXABLE ASSESSED VALUE		
10,984)		
PAY THIS AMOUNT		\$655.20

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

PARCEL MEAS 56 FT ON WARREN AND FIRST STS AND 140 FT EQUAL SIDES BOSSIER CITY
CB 895 472 476 CB 1141 643 CB 1208 760 INST NO 2056666 INST NO 2182721 INST NO 21 83607

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 # **1150309761**

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

Physical Address: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

DETACH AND RETURN THIS BOTTOM PORTION WITH YOUR...



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 (APT. No. Ext.): (985) 732-4104 FAX (A/C. No.): (985) 888-0002 E-MAIL ADDRESS: chris@workmangroup.org	
INSURED Abigail Scorsone 71558 St James Street Abita Springs LA 70420		INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2112500497 **REVISION NUMBER:**

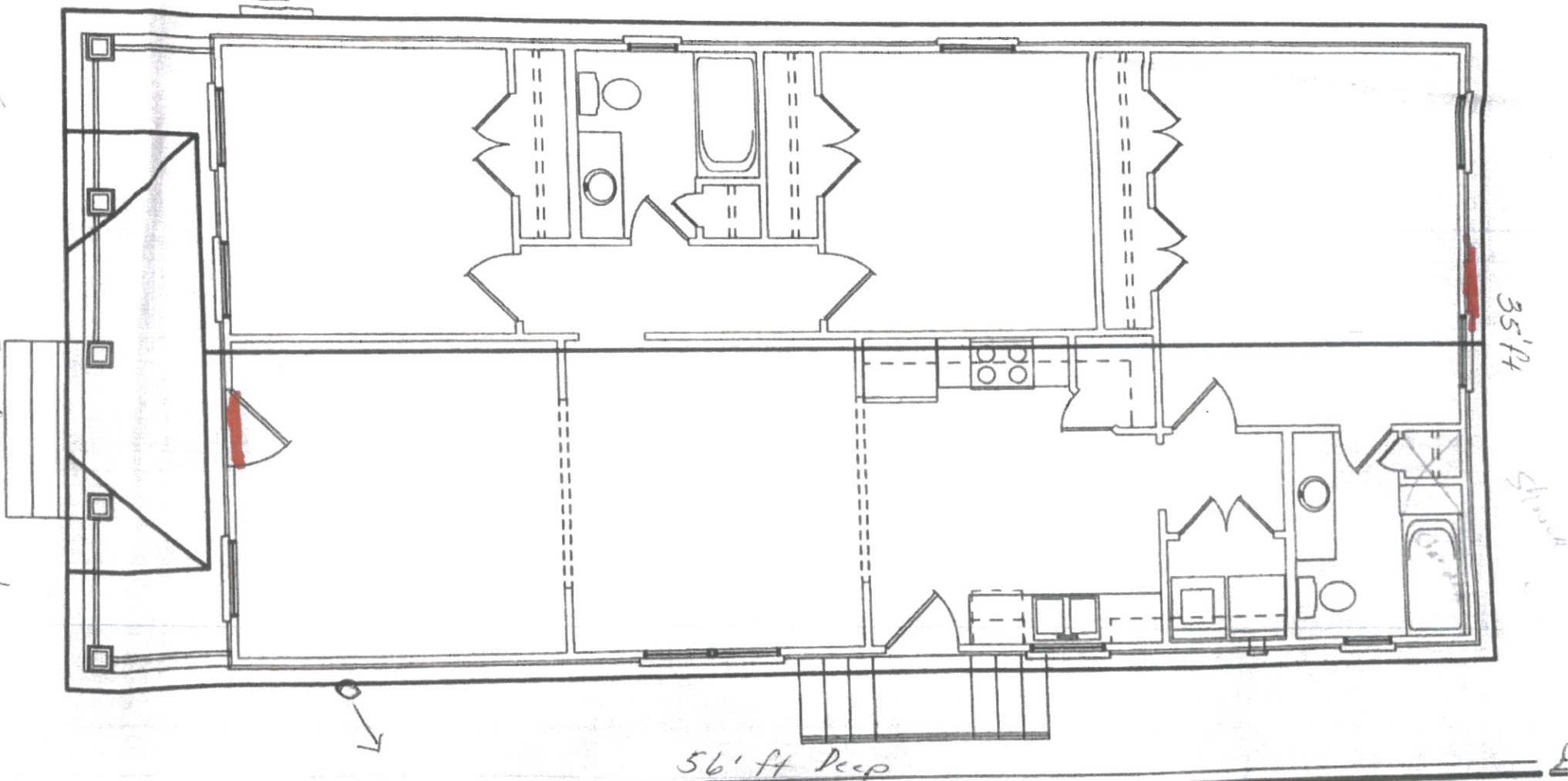
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	MODELS	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		CPS3241509	07/14/2020	07/14/2021	EACH OCCURRENCE \$ 100,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED Exp (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 100,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000
	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"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in TN) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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: 71675 Leveson St Abita Springs LA 70420

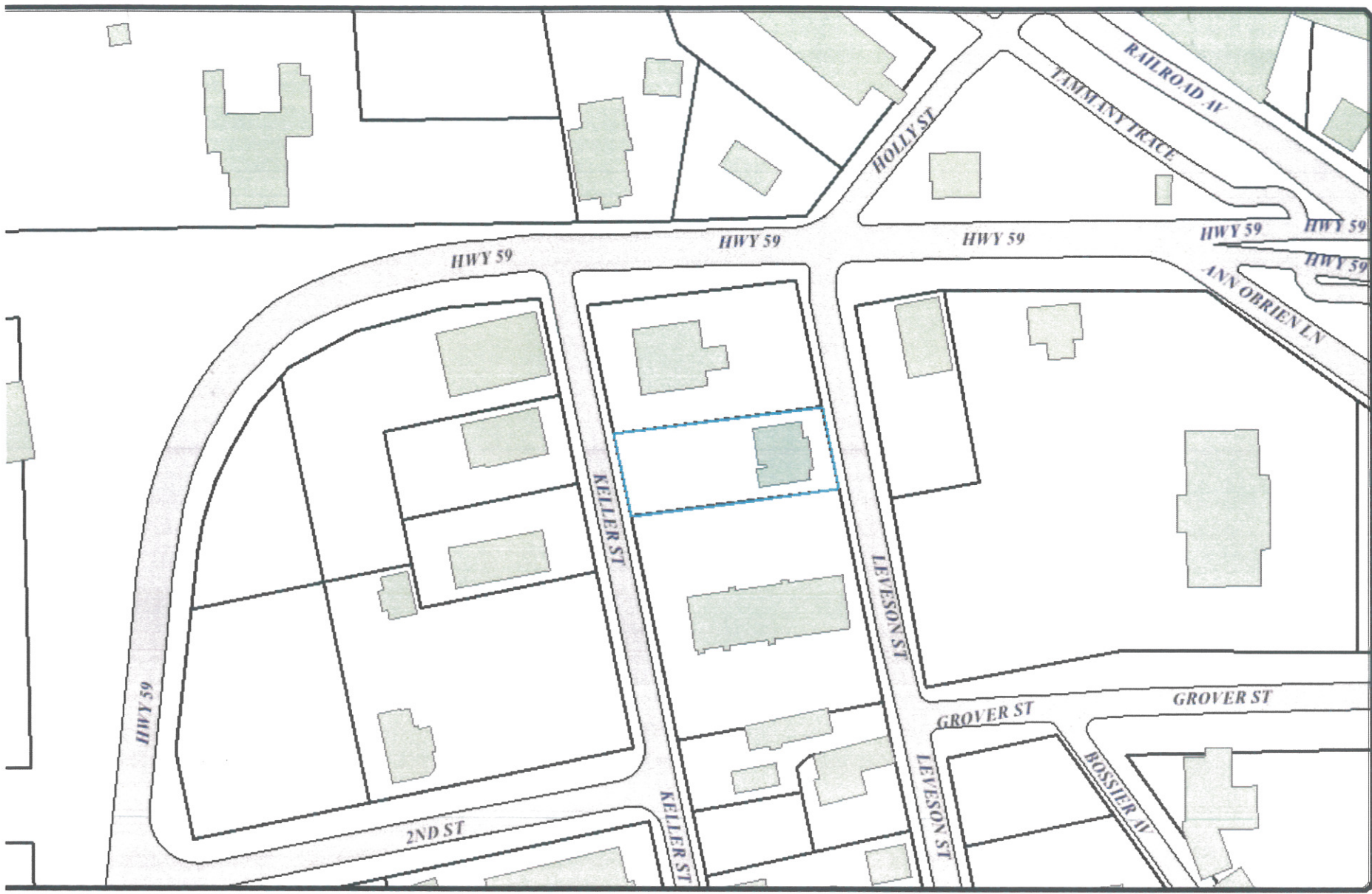
CERTIFICATE HOLDER Rhonda Scorsone	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Electrical Breaker Box outside to turn off power



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

1450 sq. feet



February 8, 2021

DISCLAIMER: Any user of this map product accepts its faults and assumes all responsibility for the use thereof, and further agrees to hold The City of Mandeville harmless from and against any damage, loss or liability arising from any use of the map product. Users are cautioned to consider carefully the provisional nature of the maps and data before using it for decisions that concern personal or public safety or the conduct of business that involves monetary or operational consequences. Conclusions drawn from, or actions undertaken, on the basis of such maps and data, are the sole responsibility of the user.

