

Town of Abita Springs

Short Term Rental Application

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

-Office Use Only-

Received By: _____

Date: _____

Time: _____

Permit #: _____

APPLICANT INFORMATION

Name: _____

Alternate Emergency Contact: _____

Mailing Address: _____

Alternate Address: _____

Address: _____

Alternate Phone #: _____

Phone: _____

Email: _____

RENTAL PROPERTY INFORMATION

Business Name: _____

Physical Address: _____ Phone #: _____

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

WITNESS

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____