

TOWN OF SUNDERLAND

SHORT-TERM RENTAL (STR) REGISTRATION APPLICATION

*Town Offices 104 Mountainview Road Sunderland VT 05250
Zoning Office 802-430-7146 Town Clerk Office 802-375-6106*

OWNER INFORMATION

Property 911 Address _____

Property Owner Name _____

Phone _____ Email _____

Mailing Address _____

Owner is a Corporation or Partnership ___ Yes ___ NO

If yes provide the following:

Registered Corporate Agent _____

President of the Corporation _____

Address of President _____

If partnership provide the following:

Registered Partnership Agent _____

Names and addresses of the general partners:

RENTAL PROPERTY INFORMATION

Nature of Rental: ___ whole house, ___ rooms in house, ___ condominium, ___ apartment, ___ accessory dwelling, ___ cabin, ___ other, (explain: _____)

Number of dwelling units at property address _____

Number of rental units at property address _____

Number of sleeping rooms in each rental unit _____

Number of parking spaces for rental units at the property _____

DESIGNATED RESPONSIBLE PERSON

Name _____

Address _____

Phone _____ Email _____

Designee for Service of Process

Name _____

Address _____

Phone _____ Email _____

RENTAL OCCUPANCY

Number of requested bedrooms ___ times 2 occupants per bedroom _____

CHECKLIST OF SUPPORTING DOCUMENTS

___ Short Term Rental Safety, Health and Financial Obligations form has been completed, submitted to the Town and posted in the rental unit. Form can be found at:

https://firesafety.vermont.gov/sites/firesafety/files/documents/Short%20Term%20Rental%20healthand%20safety_0.pdf

Hosts shall provide guests written documentation with the following information:

___ Host name, phone number and email

___ Designated Responsible Person name. phone number, email

___ Contact information for State Department of Health and State Department of Public Safety Division of Fire Safety.

___ Written instructions on the location and use of fire extinguishers

___ Written instructions on emergency shut-off of heating systems and fuel burning appliances.

___ A diagram identifying emergency egress routes

___ Notice to include: **Be advised that any person who violates Vermont State Law against unnecessary and offensive noise between sunset and sunrise MAY BE FINED under 13 V.S.A. § 1022. Any occupant of this short-term rental property MAY BE LIABLE FOR A CIVIL PENALTY for violation of applicable provisions of the Short-Term Rental Ordinance of the Town of Sunderland including restrictions on maximum occupancy limits.**

Please check each box. Form must be signed and dated.

___ I declare that the information contained in this application is true and correct to the best of my knowledge.

___ I understand that advertising this short-term rental unit for more than the maximum number of approved occupants (guests) is a violation of the Town of Sunderland Ordinance to Regulate the Operation of Short-Term Rentals.

Signature of Owner or Host _____

Printed Name _____

Date _____

Each application must include \$50.00 registration fee. Checks to Town of Sunderland.

Mailing address: 104 Mountainview Sunderland VT 05250

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