



SHORT TERM RENTAL (STR) APPLICATION

DEPARTMENT OF COMMUNITY DEVELOPMENT

308 BYERS AVE / PO BOX 238

HOT SULPHUR SPRINGS, CO 80451

970.725.3767 or shorttermrental@co.grand.co.us

PERMIT FEE: \$150

The permit fee may be paid by check or credit card.

If by check, make payable to Grand County Community Development; mail to PO Box 238, Hot Sulphur Springs, CO 80451. Please note, the check will not be cashed until the application is complete.

If by credit card, Grand County will contact you for payment once application is complete. Please submit application via email to shorttermrental@co.grand.co.us

Is the residence currently used as a Short Term Rental? Y [] N []

New Application [] Renewal Application []

Owner(s) Name: _____ Phone: _____

Email: _____

Property Address for STR (Example 21 GCR 809): _____

State Issued Tax ID #: _____

Mailing Address:

Address: _____

City/ST/Zip: _____

Alternative Mailing Address:

Address: _____ City/ST/Zip: _____

Managed by Property Manager? Y [] N [] **If, YES, provide contact information.**

Name: _____ Phone: _____

Email: _____

Address: _____ City/ST/Zip: _____

24 hour Local Contact

(the local contact must reside in Grand County and be able to respond within one (1) hour):

Primary Contact

Name: _____

Phone: _____

Email: _____

Secondary Contact

Name: _____

Phone: _____

Email: _____

Please pay close attention to Page 3 of this application. All applicants for a STR Permit must answer the following 5 questions and confirm that all required documentation is included. Failure to submit all required information may result in a delay in processing the application, and issuance of a Short Term Rental Permit. No nightly rentals are permitted in Grand County without the proper documentation and applicable permit number.

Occupancy and Parking:

Maximum Number of Occupants for the STR: _____

Maximum Number of On-site Parking Spaces: _____

- A. The County recommends the following guidelines for determining the maximum occupancy of an STR:
 - 1. For dwellings equal to or less than 1,500 square feet of gross floor area the occupant load should not exceed 2 occupants per bedroom, plus 2; or
 - 2. For dwellings greater than 1,500 square feet the occupant load should not exceed one (1) occupant per two hundred (200) square of gross floor area.
- B. The County recommends that you review Section 14.4, Off-Street Parking Standards, to determine the required number of designated parking spaces allowed for use as an STR.

I certify that I am the property owner or the property manager, authorized to submit this application on behalf of the property owner, am hereby making application for approval of the above request. I hereby certify that I have read this application completely and that all information provided is correct to the best of my knowledge. All laws, regulations and ordinances governing the scope of the use contemplated by this application will be complied with, whether or not specifically described within this application. I understand that providing false or misleading information may result in any permit issued being revoked. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating the scope of the use contemplated by this application. I understand that this application may be open for public inspection as required by Colorado Open Records Law (C.R.S. 24-72-202, et seq.) and that my personal information contained on this application may be available to the public for review.

Signature by Owner(s) or Property Manager

Date

Signature by Owner(s) or Property Manager

Date

Signature by Owner(s) or Property Manager

Date

SHORT TERM RENTAL REQUIRMENTS AND QUESTIONNAIRE

MUST BE COMPLETED AND RETURNED WITH APPLICATION

The following questions MUST be answered in order to process your STR application:

As the property owner or property manager, do you state and confirm that there is adequate on-site parking that conforms to County Parking Standards?

Response: Yes [] No []

As the property owner or property manager, do you state and confirm that you have a clear plan in place for garbage storage and disposal?

Response: Yes [] No []

As the property owner or property manager, do you state and confirm that the dwelling is equipped with operable smoke alarms, fire extinguisher and carbon monoxide alarms?

Response: Yes [] No []

As the property owner or property manager, do you state and confirm that the physical address is posted and that it is clearly visible and legible from the street?

Response: Yes [] No []

As the property owner or property manager, do you state and confirm that the required posting information is located within the dwelling and in a prominent location?

Response: Yes [] No []

Items that MUST be included or your application may be returned as incomplete:

- Complete owner, property manager or local 24-hour contact information – name, address, phone and email.
- Valid signature of property owner or property manager authorizing the application. If property is leased, a copy of current lease showing provision for operating a short term rental.
- If, your STR has shared parking or driveway with another property, written permission from each shared property owner is required.

COUNTY REVIEW SHORT TERM RENTAL PERMIT

Application reviewed by: _____

Date: _____

Application deemed complete for review and processing: Y [] N []

Information Missing or incomplete:

Applicant contacted regarding missing/incomplete information: Y [] N []

Date: _____

All requirements of Section 14.8, Short Term Rental, Grand County Zoning Regulations met:
Y [] N []

Application Approved: _____ Application Denied: _____

Short Term Rental Permit Number: _____

Date Short Term Rental Permit Expires: _____

STAFF COMMENTS:

ALL STR PERMIT APPLICATIONS ARE SENT TO THE COUNTY ASSESSOR