



175 East Third Street  
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[www.townofpalisade.org](http://www.townofpalisade.org)

## COMMUNITY DEVELOPMENT SHORT TERM VACATION RENTAL PERMIT

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Applications accepted January 1 – February 28 Annually. Permits Expire March 31.

Per LDC Code 7.01.M only 12 Resident STVR Licenses and 12 Investment STVR Licenses  
are allowed within Town Limits

### PERMIT TYPE (Select one)

☐ Resident STVR (Owner Resides On Property)     \$350 Annual Fee

☐ Investment STVR (Non-Owner Occupied)     \$350 Annual Fee

### PROPERTY INFORMATION

Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Number of Legal Bedrooms: \_\_\_\_\_

Maximum Overnight Occupancy (2 per bedroom): \_\_\_\_\_

Number of On-Site Parking Spaces (Min. 1 Per 2 Bedrooms): \_\_\_\_\_

### OWNER INFORMATION

Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## **PRIMARY RESIDENCE VERIFICATION (Required for Resident STVR)**

Check and attach of the following:

- ☐ Valid driver's license or state ID showing property address
- ☐ Voter registration for property address

## **REQUIRED ATTACHMENTS**

- Proof of ownership (deed or title)
- Site plan showing parking spaces and outdoor amenities
- Property management plan including:
  - 24/7 contact information
  - Guest check-in/check-out procedures
  - Parking management plan
  - Trash management procedures
  - Noise control measures
  - Outdoor fire and amplified sound policies
  - Pet policies
  - Emergency procedures
- Proof of insurance covering STVR use
- Fire Department safety inspection report
- Certified mail receipts of all properties within 150 feet for notification
- Business license application (if not already licensed)
- Payment of \$350 permit fee

## **PROPERTY MANAGER INFORMATION (If different from owner)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (24/7 available): \_\_\_\_\_

Email: \_\_\_\_\_

Distance from rental property (must be within 25 miles): \_\_\_\_\_

# AFFIDAVIT

I acknowledge that I have read, understand, and agree to comply with ALL provisions of Section 7.01.M of the Palisade Land Development Code concerning Short Term Vacation Rentals. I certify under penalty of perjury that the information provided is true and correct. I understand that false statements may result in permit denial or revocation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICIAL USE ONLY

Date Received: \_\_\_\_\_ Application Number: \_\_\_\_\_ Fees Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Approved By: \_\_\_\_\_

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Expiration Date: March 31, \_\_\_\_\_

Notes: \_\_\_\_\_