



175 East Third Street
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Palisade, CO 81526

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www.townofpalisade.org

COMMUNITY DEVELOPMENT SHORT TERM VACATION RENTAL PERMIT

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: _____