

APPLICATION FOR SHORT-TERM RENTAL

Date: _____
 Address of Property Permit Request for: _____
 Parcel ID#: _____ Zoning District: _____
 Applicant Name: _____
 Phone: _____ Email: _____
 Address: _____
 Home Owners Association Approval Letter: _____ No Home Owners Association: _____
 First Application _____ / Renewal _____ Special Use granted: _____

OFFICE USE ONLY:

FEES:

TOTAL:

PAID:

Submission Requirements:

1. Review of Ordinance Section 60.501 (Definitions pertaining to residential districts) and Ordinance No. 44-2023 (amendment to definitions pertaining to short-term rentals.)
 - a. *applicant to initial* _____
2. For first time rentals, a special use application must be approved prior to rental. (The Special Use permit is a one-time application that will be valid for the duration of the rental operation. If a Special Use Permit is required, your application will be submitted to the Zoning Administrator for review. In turn, if the application meets all requirements, it will be presented to the Planning and Zoning Commission. The Commission meets once a month to consider applications. Public hearings are held at the beginning of each meeting. Five to Six weeks may elapse before final action results with the Village Board of Trustees. Deadlines must be met; Please inquire.)
 - a. *applicant to initial* _____
3. Nonrefundable filing fee of \$250.00 for short term rental to accompany application. This fee is due once per calendar year (January 1-December 31) and is separate from any fees associated with other permits issued (special use, construction, etc.)
 - a. *applicant to initial* _____
4. Occupancy Inspection must be completed once per calendar year (January 1-December 31) and is included with the yearly short-term rental fee. If property does not pass inspection, or if owner fails to schedule appointment, the application for short-term rental will be voided.
 - a. *applicant to initial* _____
5. If applying for renewal, ledger of guests and a copy of the current hotel tax certificate must be available upon request to ensure taxes are up to date with the Budget Office.
 - a. *applicant to initial* _____

Additional questions are to be directed to the Zoning Administrator, (618) 466-1206. Additional information/permits may be required.

SIGNATURE OF APPLICANT: _____ Date _____

I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for revocation of permit(s), whenever discovered. Any person who shall violate or fail to comply with any building codes or permit process shall be charged according to current Village ordinances.

Zoning Administrator: _____ Date: _____