



# SHORT-TERM RENTAL APPLICATION

**Short-Term Rentals require Board of Adjustment approval BEFORE completing this application.**  
Fees are online at our [website](#) or call 303-271-8700. Make checks payable to Jefferson County Treasurer.

<b>Address of site</b>			
Street	City	State	ZIP
<b>Legal Description</b>			
<b>Property Owner</b>		<b>Phone</b>	
<b>Owner's Address</b>			
Street	City	State	ZIP

### Please read and check

- I hereby acknowledge that I am aware that this permit does not include a legal parcel review as it pertains to Senate Bill 35 and subdivision of land or a review of access to my site. I am aware that legal parcel review and/or a review of access to my site may be required for other permits or processes on this site in the future. Approval of this application does not guarantee approval of any future permits or processes on the property.
- I hereby acknowledge that the subject dwelling has been equipped with smoke detectors, fire extinguishers, and carbon monoxide detectors as required by the Jefferson County Zoning Resolution.
- I hereby acknowledge that all parking of all automobiles associated with this Short-term Rental shall be contained on-site, and shall not occur on adjacent roadways or properties.
- I understand that I am required to post the **Short-Term Rental** guide in a prominent location within the dwelling (available on our [website](#) or Planning and Zoning front counter).
- I hereby acknowledge that I have read this application and state that the above is correct, and agree not to commence rental until this application is approved, and shall comply to the laws of the State of Colorado and the Zoning Regulations and Building code of Jefferson County. Any violation of the above noted terms will cause immediate revocation of this permit.

**Applicant's Name**

**Date**                      **Phone**

**Applicant's Signature**

**Applicant's E-mail Address**

**☛ If your property is located within an area which has a Home Owners Association (HOA) or Property Owners Association (POA), please consult the association before proceeding with your project. The association may have restrictions beyond the County's permit review process.**

<b>Primary contact information:</b>			
Name			Phone
Street	City	State	ZIP
<b>Secondary contact information:</b>			
Name			Phone
Street	City	State	ZIP

### Staff use only

<b>Zone District</b>		<b>Map #</b>		<i>Description of Request</i>
<b>Plat Book</b>		<b>Page</b>		
<b>ODP Book</b>		<b>Page</b>		
<b>Jefferson County Staff Approval</b>				
Name	Date	Fee	Receipt #	