



Short-Term Rental Housing Permit

Please complete in ink – Include fees with application

Annual Fee on Fee Schedule as posted at www.cityoflacrescent-mn.gov

Rental Application Renewal is 30 Days Before Expiration Date

CONTACT INFORMATION

Property Owner Name: _____

Owner Phone: _____

Property Owner Address: _____

Secondary Phone: _____

Authorized Agent Name: _____

Agent Phone: _____

Confirm Owner/Agent Resides Within 30 Miles of Rental Property Yes

No

Rental Property Address: _____

RENTAL PROPERTY DESCRIPTION

Parcel ID No. _____

Number of Bedrooms: _____

GIS Acres*: _____

Total Livable Square Feet: _____

Rental period must be at least 30–90 days Yes No

Off-Street Parking Spaces: _____

Property information can be found at _____

REQUIRED ATTACHMENTS WITH APPLICATION

Confirm Sketch detailing Parking Spaces Yes No

Confirm Owner/Agent has read and understands Ordinance _____ Yes No

Confirm Owner/Agent has posted at the Rental Property site a copy of Emergency Contacts Yes No

Confirm Owner/Agent has posted at the Rental Property site a copy of rental rules & regulations Yes No

Other:



Short-Term Rental Housing Permit

FOR CHANGE OF USE TO VACATION RENTAL HOME

Please complete in ink – Include fees with application

Annual Fee on Fee Schedule as posted at www.cityoflacrescent-mn.gov

SKETCH OF PROPERTY SHOWING ALL STRUCTURES, DRIVEWAY, PARKING SPACES, SHORELINE, PROPERTY LINES

SIGNATURE

I hereby certify that I am the owner or authorized agent of the owner of the described property, that the information provided herewith is correct and representative of the existing conditions on the property. I understand that falsifications of this application or any attachments thereto will serve to make this application and any subsequent permit invalid.

Owner Signature: _____

Date: _____

Agent Signature: _____

Date: _____

OFFICE USE ONLY

Permit No.: _____

Fee Paid: _____

Receipt No. _____

Permit Expiration: _____

Property Postings Verified: _____

Approved By: _____

Remarks:
