



# Short-Term Rental Application

## City of Pass Christian

Community Development Department

200 W Scenic Drive

Phone: (228) 452-3324

Fax: (228) 452-3044

Pass Christian, MS 39571

Email: codesoffice@pass-christian.com

### Property Information:

Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Is the property in a subdivision?  No  Yes, subdivision name: \_\_\_\_\_

HOA?  No  Yes, mailing address: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

### Owner Information:

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

Mailing Address, if different from above: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE READ THIS APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT; I ACKNOWLEDGE RECEIPT OF AND AGREE TO COMPLY WITH THE RULES & REGULATIONS OF THE SHORT TERM RENTAL ORDINANCE NO. 675, ALL APPLICABLE CODES, ORDINANCE AND STATE LAWS. VIOLATIONS OF ANY CODES OR REGULATIONS SHALL RESULT IN THE SUSPENSION OR REVOCATION OF THE PERMIT. **AND, IF THE LOCAL CONTACT PERSON CHANGES, I WILL NOTIFY THE COMMUNITY DEVELOPMENT DEPARTMENT WITHIN 24 HOURS.**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Local Contact Person:

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

Mailing Address, if different from above: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Required Documents:

- 1- Sales Tax ID
- 2- Copy of Rental Agreement
- 3- Proposed Parking Plan (indicate the number & location of parking spaces on an aerial map)
- 4- Rules Applicable to Renters
- 5- Waste Management Plan and Utility Bill for Two Garbage Containers
- 6- \$200 Fee (cash or check made out to the City of Pass Christian)
- 7- City Privilege License

***A 2-A-10BC Rechargeable Fire Extinguisher is required within clear site of the Living, Dining and Kitchen Areas.***

### Office Use Only

Zoning:  T3R  T4L  T4+  T4C  T5C  T5H

City Planner: Zoning & Parking Plan,  Approve  Deny Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Building Code Official: Inspection Date: \_\_\_\_\_  Approve  Deny Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief: Inspection Date: \_\_\_\_\_  Approve  Deny Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: Max No. of Bedrooms: \_\_\_\_\_ Max No. of Occupants: \_\_\_\_\_ Max No. of Vehicles \_\_\_\_\_, Attach Parking Plan