

Short-Term Rental Application

City of Pass Christian
Community Development Department
200 W. Scenic Drive Phone: (228) 452-3316 Fax: (228) 452-3044
Pass Christian, MS 39571 Email: dduckworth@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, FEDERAL 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 Information:

Name: _____ Address: _____
Mailing Address, if different from above: _____
Phone: _____ Cell Phone: _____ Email: _____

Local Contact Person's Signature: _____ Date: _____

Required Documents:

- 1: Mississippi Sales Tax ID
- 2: Copy of Rental Agreement
- 3: Rules Applicable to Renters
- 4: Waste Management Plan and Utility Bill for Two Garbage Containers
- 5: Water Services Bill for Commercial Water Use
- 6: Proposed Parking Plan (*indicate the number & location of parking spaces on an aerial map*)
- 7: \$400 Fee (*card, cash, or check made out to City of Pass Christian*)
- 8: \$400 Annual Fee each year after the first year
- 9: \$20 Fee each year for City Privilege License
- 10: Proof the dwelling is not part of the Homestead Exemption

****Notice: please see attached checklists for all required documents****

OFFICE USE ONLY

Zoning: T2 ___ T3R ___ T4L ___ T4+ ___ T4C ___ T5C ___ T5H ___ SD Mixed-Use Commercial ___ SD High-Hazard Commercial ___ O Sector ___ G Sector ___

City Planner: Approve ___ Deny ___ Sign: _____ Date: _____

Fire Inspector: Approve ___ Deny ___ Sign: _____ Date: _____

Max No. of Bedrooms: ___ Max No. of Occupants: ___ Max No. of Vehicles ___ Attach Parking Plan: ___ STR # of 150: _____



SHORT-TERM RENTALS CHECKLIST

- \$400 Application fee (cash, check, or card) **if paying by cash, exact change is preferred**
- \$20 Privilege License fee (please see Pass Christian Deputy City Clerk)
- Mississippi State Tax I.D.
- Receipt for Waste Management Plan and Utility Bill for Two Garbage Containers
- Receipt from Pass Christian Water Services Bill for Commercial Water Use
- Picture copy of applicant(s) driver's license
- Picture copy of local contact(s) driver's license
- Local Contact form (please see application)
- Copy of Warranty Deed (Please see County Chancery Clerk's Office)
- Proof of removal from or no involvement in Homestead Exemption (Please see County Tax Assessor's Office)
- Covenants Affidavit – (notarized; no restrictive covenants where you are proposing to operate STR)
- Floor plan – (must show all fire equipment, life safety equipment; must be posted in the STR)
- Emergency Escape plan – (must also be posted in the house per Fire Department)
- Parking plan – (digital or drawn; indicate no. of spaces and locations on premises – **1 space per bedroom**)
- House rules – (must be neatly stored in a binder or similar booklet in STR, in public view)
- House rental agreement (must be stored in binder with house rules)
- Picture of home from abutting street (must show visible house numbers)

**** All required documents must be attached to the application and in the home (where required) to be considered a complete application ****

**** All documents required to be signed must be signed with a “wet signature”, no electronic or scanned signatures will not be accepted ****



Transient Rental Inspection (FIRE)

Observation Date _____

Owner Name _____

Address _____ Cabin or Apt. # _____

Permit No. _____ Date of Final _____ No. of Bedrooms _____

RESIDENCE SAFETY ITEMS

Posted Address: Address numbers should be reflective and plainly visible from the street on the exterior of the building, and a minimum of four inches tall with a 1/2-inch stroke and will contrast with its background.

Fire Extinguishers: All fire extinguishers shall comply with the following:

1. At least one (1) extinguisher of minimum 2-A 10-BC shall be provided for each building or occupancy.
2. Extinguishers shall be mounted no higher than five (5) feet and no lower than three (3) feet.
3. Extinguishers shall be underwriter laboratory or fire marshal listed or approved by the State Fire Marshal.
4. All extinguishers shall be conspicuously located, readily available, plainly marked, and near the kitchen.
5. Extinguishers shall be located so that travel distance shall not exceed 75 feet. Additional extinguishers shall be located in the barbecue and/or fire pit area and must be mounted in an accessible area.
6. Extinguishers shall be of a serviceable type with a metal neck and valve. Disposable extinguishers with plastic hardware will not be acceptable. If extinguishers do not have the date stamped on the bottle, they shall be tagged by a licensed firm.

Posted Fire Escape Routes: Each unit will have a posted laminated notice (8 ½ x 11-inch minimum size) that identifies the address, extinguishers, and escape routes from the structure.

Smoke Detectors: Guest rooms that are used for sleeping purposes and rooms leading to the guest rooms shall be provided with smoke detectors that are installed in accordance with the manufacturer's instructions (one for each floor level).



City of Pass Christian
On the Mississippi Gulf Coast

Restrictive Covenants Affidavit

I, _____ hereby acknowledge that by signing and notarizing this affidavit, there are no restrictive covenants within the area or subdivision I intend to operate which will prohibit myself from operating a commercial business (Short-Term Rental).

In the event that it later shall be determined that restrictive covenants prohibit short term rentals in this area, I, _____ indemnify and hold harmless the City of Pass Christian, agents, employees, and officials from any and all claims and actions arising out of the violation of such covenants, including the recovery of reasonable attorney fees and costs.

Applicant Signature

Date

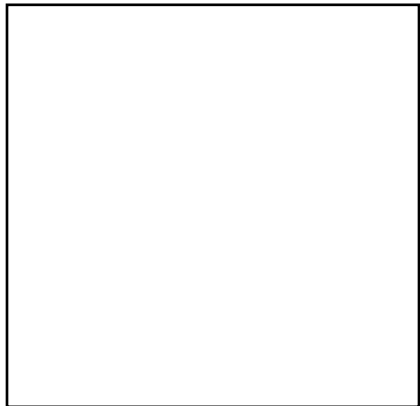
The State of _____

County of _____

Personally appeared before me, the undersigned authority in and for the said county and state, sworn to and subscribed on this _____ day of _____, 20____, within my jurisdiction, the within named _____, who acknowledged that they executed the above and foregoing instrument.

Public Notary Name

Public Notary Signature



Please Place Notary Stamp Here: