



Date of Application _____

| | |
|------------------|-----------------|
| License Fee | \$300.00 |
| Application Fee | \$25.00 |
| Total Due | \$325.00 |

147 N 870 WEST, HURRICANE, UTAH 84737
PHONE: 435-635-2811 FAX: 435-635-2184
www.cityofhurricane.com

◆ VACATION HOME RENTAL APPLICATION ◆

NOTICE: Please complete each statement below. Incomplete applications will not be accepted.

NOTICE: BY LICENSING AS A VACATION RENTAL YOUR PROPERTY TAXES WILL BE ASSESSED AT FULL VALUE

Property Owner Information
 Owner Name(s): _____
 Mailing Address: _____
 City, State, Zip: _____
 Telephone: _____ Cell Phone: _____
 Email Address: _____
 Type of Ownership: Individual(s) Partnership Trust LLC Other: _____
***A list of all corporate officers or partners must be included. This list must include name, home address, and phone number**
TYPE OF RENTAL MANAGEMENT:
 Owner Manages Only Rental Agent & Owner Manages Rental Agent Manage Only

Rental Property Address: _____
 Sales Tax Number: _____
 Assessor's Parcel Number: _____ Hot Tub: Yes No Swimming Pool: Yes No
 House Living Area (Approx. Square Footage) _____ Number of Bedrooms: _____
 Maximum Number of Overnight Occupants: _____ Number of On-Site Paved Parking Spaces: _____
DIAGRAM OR PHOTOGRAPH OF PARKING FACILITIES MUST BE INCLUDED
 Website Address: _____
 Management Company: _____
 Contact Name: _____ Phone: _____
 Property maintenance contact: _____

REQUIRED FOR ALL PROPERITES: Emergency 24-hour Contact*
 *Attached Emergency Contact Form must be included

I certify that all information contained herein is accurate, to the best of my knowledge. I certify that I have read, understand, and will comply with the vacation rental regulations listed in the City of Hurricane Code 3-10-11. I certify that all designated bedrooms meet all local safety and building code requirements. I acknowledge that I will post the notice required in City of Hurricane Code 3-10-11 in this vacation home rental. I acknowledge that prior to using this property as a vacation home rental I must obtain all pertinent inspection approvals and pay all fees due. I acknowledge that the City has the right to inspect this property. I will notify the City of changes to the permit, management, mailing address, or change of ownership. I understand I must keep my license current and that change of ownership is non-transferrable.

Signature Property Owner: _____ Date: _____

OFFICE USE ONLY

Date paid: _____ Receipt: _____ Planning Approval: _____ Account Number: _____



CITY OF HURRICANE

EMERGENCY CONTACT RESPONSIBILITY

This is to inform you of your responsibility as the local contact for:

Property Owner: _____

According to the City Code 3-10-11-Responsible party:

Each owner of a vacation home rental shall designate a responsible party who has access and authority to assume management of the unit and take remedial measures. The responsible party person shall be available 24 hours a day to respond to tenant and neighborhood questions or concerns within (1) one hour. An owner of a vacation home rental who resides in Hurricane City may designate himself/herself as the responsible person. Any change in the local contact person's address or telephone number shall be promptly furnished to the City Business License Clerk.

Due to the language "assume management of the unit and take remedial measures", you are responsible for contacting the renters when you have been notified of noise or parking complaints. You may be contacted by the Hurricane City Police Department or by neighbors to secure the property as needed. Therefore, your phone number will be available upon request to police staff, as well as to all the neighbors, and will be posted on the vacation home sign for the renter's and police.

Local Contact Name: _____

Local Contact Signature: _____

Local Contact Address: _____

Phone: _____ Date: _____

If you agree to these guidelines, please sign this notice and return to:

City of Hurricane
Attn: Cindy Beteag
147 North 870 West
Hurricane, UT 84737