

Town of La Veta
209 South Main Street
P. O. Box 174
La Veta, CO 81055-0174



(719) 742-3631
fax (719) 742-5420
Huerfano County

SHORT-TERM RENTAL PERMIT APPLICATION

FOR RENEWALS, LIST CURRENT PERMIT NUMBER _____

This Application is to be submitted at least sixty (60) days prior to advertising the subject property as a Short-Term Rental unit. Completed Applications should be delivered to the Town of La Veta, 209 S. Main Street, La Veta, CO 81055. All renewal Applicants shall have a current Business License.

Short-Term Rental business means the commercial enterprise of leasing or renting one or more Short-Term Rental units.

Short-Term Rental unit means a privately owned residential dwelling, such as, but not limited to a single-family detached/unattached, cabin, duplex, townhome, mobile home, or any portion (room) within such dwellings, rented for Short-Term (less than 30 days) occupancy for dwelling, lodging or sleeping purposes. Short-Term Rentals are not permitted in multi-family, apartment or condominium units.

_____ New Permit \$300.00

_____ Renewal of Existing Permit \$150.00 (must be submitted 45 days prior to the expiration of the Permit)

GENERAL INFORMATION PROPERTY OWNER/LICENSED BUSINESS:

Name of Owner(s) of Rental Unit: _____

Owner(s) Mailing Address: _____

Owner(s) Phone Numbers: _____

Owner(s) E-mail Address(es): _____

RENTAL UNIT INFORMATION:

(Must complete for each Property/Unit rented by the Owner/ Business License Holder.)

Address of Property to be used as a Short-Term Rental: _____

Number of Bedrooms: _____

Number of Parking Spaces on Site (1 spot per bedroom required): _____

Description of Location of Parking: Attach Map CO Sales Tax # (if applicable) _____

Acknowledge that all Local, County, Occupation Lodging, State and Federal Taxes Are/ Shall Be Collected and Remitted _____

(The property owner may either designate him or herself as the primary contact or some other responsible party in the La Veta area. Primary Contact Person shall be available twenty-four (24) hours per day, seven days per week to respond to issues related to the Short-Term Rental.)

Primary Contact Person Name:

Primary Contact Person Mailing Address:

Primary Contact Person Phone Numbers: _____

Primary Contact Person Email Address: _____

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ADMINISTRATIVE USE ONLY:

Business License No. : _____

_____ Application form completed and signed

_____ Application fee collected of \$_____

_____ Occupancy Information Completed & Returned

_____ Self Inspection Safety Checklist Completed & Returned

Application received by: _____

Date: _____

Application approved by: _____

Date: _____

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SHORT-TERM RENTAL UNIT SELF – INSPECTION WORKSHEET

Occupancy Information (Please Print in Blue or Black Ink)

Short-Term Rental Permit No.:

Name of Person Completing Inspection:

Date of Inspection Performed ____/____/____

Occupancy Street Address:

Occupancy Phone:

Building/Property Owners Name (s):

Building /Property Owners Phone Number(s):

Primary Contact Person Name & Number:

Total Square Footage_____

Number of Stories:

Above Grade _____ Below Grade_____

Short-Term Rental Room location

Roof Covering (circle one): Tar & Gravel Tile Composition Shingles Wood-Shingles Metal or
Membrane Build Up Other_____

TOWN OF LA VETA USE ONLY:

Date: _____

Pass_____ Fail_____

Comments*:

_____ *Please initial after comments

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SHORT-TERM RENTAL UNIT SELF INSPECTION SAFETY CHECKLIST

PROPERTY ADDRESS: _____

PERMIT NO.: _____

In accordance with the La Veta Municipal Code section 18.35.050 (4), all Short-Term Rental units must complete the self-inspection safety checklist. This form constitutes the current specifications for meeting that requirement. Upon completion of this checklist, please sign, date and return to the Town of La Veta, along with the Short-term Rental Permit Application:

- _____ Address numbers are visible and easy to read from your fronting street
- _____ All exit doors are free of obstructions.
- _____ Extension cords do not extend through walls, ceilings, floors under doors or floor coverings or are otherwise subject to damage.
- _____ Appropriate covers are in place on all electrical switch and outlet boxes.
- _____ All circuit breakers are labeled, in English, to show what they control.
- _____ All multi-plug adaptors are UL listed.
- _____ All water heaters have a pressure relief valve.
- _____ All gas appliances have individual gas shut-off valves.
- _____ All combustibles are stored at least three feet (3') away from gas appliances (water heater, furnace, etc.).
- _____ Smoke detectors are functioning/present in all sleeping areas.
- _____ Smoke detectors are less than 5 years old and have fresh batteries.
- _____ Carbon monoxide (CO) detectors are present/functioning in every level of the residence.
- _____ CO detectors are less than 5 years old and have fresh batteries
- _____ Unit has a printed copy of Floor Plan – indicating bedrooms, and Unit ingress and egress

*It is recommended that an ABC fire extinguisher be installed near cooking equipment, wood/pellet burning stoves and fireplaces.

I _____ (print name) do attest that I have completed my self-inspection Short-Term Rental checklist. I confirm that it is accurate and that I will be liable for any inaccuracies.

Owner Signature _____

Date: _____

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PROPERTY ADDRESS: _____

Adjacent Property Owner notification

Owner name and Address	Signature (if owner present)	Certified Mail (if Owner absent)
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

This form must be submitted with your application for a Short-term Rental License.