

Village of Stockbridge

116 S. Military Rd. ~ PO Box 292

Stockbridge, WI 53088

clerk@villageofstockbridgewi.gov

Phone: (920) 439-1700

TOURIST ROOMING HOUSE**(SHORT TERM RENTAL)****APPLICATION**

Submit Renewal Applications by April 1st of Licensing Year

Application Date: _____

FEE SCHEDULE			
Initial Application		Renewal Application	
TRH License	\$ 500.00	TRH License	\$ 400.00
Building Inspection	\$ 100.00	Building Inspection	\$ 50.00
Total Due	\$ 600.00	Total Due	\$ 450.00
Make checks payable to: Village of Stockbridge			

Property Information

Property Address _____

Property Owner Name (s) _____

Owners Mailing Address _____

City _____

State _____

Zip _____

Email Address _____

Telephone _____

Current Zoning: _____

Lot Area _____

 acres or square feet**Applicant Information**

Business Name _____

Representative Name / Title _____

Mailing Address _____

City _____

State _____

Zip _____

Email Address _____

Telephone _____

Managers Information (Required if Owner primary address is greater than 50 Miles from Village of Stockbridge)

Property Managers Name _____

Surname (if applicable) _____

Manager's Address _____

City _____

State _____

Zip _____

Email Address _____

Telephone _____

General Information

Employer Identification Number or Social Security Number: _____

WI Seller's Permit Number: _____

If Owner does NOT have WI Sellers's Permit Number then list the Marketplace provider(s) responsible for remitting WI sales tax: _____

Number of bedrooms in our house to be rented? _____

Maximum number of occupants? _____

How many estimated days will property be rented out per permit year July 1-June 30)? _____

How do you intend to rent your house: _____

☐

Rent entire house to guest(s)

☐

Rent individual room(s) to guest(s)

☐

Both

Certification of Statements

I certify the following: (Please check and initial as applicable)

- ☐ I am the owner/authorized agent in charge of the property being rented. _____ (initial)
- ☐ This property is my primary residence. _____ (initial)
- ☐ All Applicable taxes will be paid _____ (initial)
- ☐ All guest will be notified of Village noise regulations. _____ (initial)
- ☐ Guest will not stay more than 30 consecutive days. _____ (initial)
- ☐ No meals will be served to tourist / transients. _____ (initial) ☐ Proof of insurance _____ (initial)

<input type="checkbox"/>	Approved Conditional Use Permit for said property
<input type="checkbox"/>	Approved State of Wisconsin Tourist Rooming House Lodging License
<input type="checkbox"/>	A completed State of Wisconsin Inspection Report dated within one (1) year of the date of issuance or renewal.
<input type="checkbox"/>	Wisconsin Seller permit issued by the Department of Revenue. OR provide list of Marketplace providers responsible for remitting sales tax.
<input type="checkbox"/>	Proof of current, required insurance coverage, which includes written confirmation by the insurer, showing knowledge that the insured property is being used as a short-term rental.
<input type="checkbox"/>	Scalable floor plan showing living spaces, designated sleeping areas, and bathrooms, including dimensions of each room.
<input type="checkbox"/>	Scalable site plan of parcel showing number and location of available, code compliant, onsite parking spaces, including dimensions.
<input type="checkbox"/>	The location of proposed and existing signs.

The purpose of the response plan is to formulate a documented corrective action plan in the instance there are nuisance complaints that may arise out of the occupancy or use of the short-term rental by tenants. As a requirement, a return call to a complaint within 45 minutes of the initial complaint shall be deemed "prompt".

Name:			
Address:			
Phone Number:	Preferred method of contact:	Call <input type="checkbox"/>	Text <input type="checkbox"/>

Name:		
Address:		
Phone Number:	Preferred method of contact:	Call <input type="checkbox"/> Text <input type="checkbox"/>

[illegible]

Certification: I hereby certify that I am the landowner of the property which is the subject of this application. I certify that the information contained in this form and attachments is true and accurate. I understand that failure to comply with any or all of the provisions of the ordinance and/or permit may result in notices, fines / forfeitures, stop work orders, permit revocation, and cease & desist orders.

Applicants Signature	Date Signed
Landowner Signature (REQUIRED)	Date Signed

Date Completed / Application Received	Fee Received \$	Receipt No.
Assigned Tourist Rooming House License No.:	Date Paid:	Taken By:

Approved Conditional Use Permit Info & Conditions : **In Compliance**

Number of Bedrooms _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of Bathrooms _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Square feet of habitable space _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Max occupancy allowed _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Required parking spaces _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Approved Conditional Use Permit Conditions (If applicable) **In Compliance**

1) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Smoke Detection / Carbon Monoxide / Fire Safety Inspection **In Compliance**

Is Smoke Detection equipment compliant with Village / State requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is Carbon Monoxide safety equipment compliant with Village / State requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a fire extinguisher clearly visible OR marked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the all exits clearly marked and obstructed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did any inspections of the property Fail?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please explain why... _____		

Land Use and Building Permit Information **In Compliance**

Were there any land use OR building permits issued for the property within the past year or the term of this TRH Permit? <i>(If answered NO - please skip to verification and signature)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please list type of permit(s) issued: _____		
Are the permit(s) inspected and deemed complete?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did any inspections of the property Fail?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please explain why... _____		
Are there open permits that are expired and never inspected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I certify that the tourist rooming house included in this permit, is in compliance with the provisions of the Village of Stockbridge, Chapter 32 Ordinance, and the Conditional Use Permit conditions listed above.

Village of Stockbridge, Building Inspector - Signature

Date: _____

Printed Name:

Name of Agency:

Village of Stockbridge, Zoning Code Administrator - Signature

Date: _____

Printed Name: