



Jefferson County, Colorado
Planning & Zoning Division

100 Jefferson County Parkway, Suite 3550, Golden, Colorado 80419-3550
☎ 303.271.8700 • Fax 303.271.8744 • <http://planning.jeffco.us>

SHORT-TERM RENTAL APPLICATION

Address of site

Street	City	State	ZIP
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Legal Description

Property Owner	Phone

Owner's Address

Street	City	State	ZIP
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Please read and check

I hereby acknowledge that I am aware that this permit does not include a legal parcel review as it pertains to Senate Bill 35 and subdivision of land or a review of access to my site. I am aware that legal parcel review and/or a review of access to my site may be required for other permits or processes on this site in the future. Approval of this application does not guarantee approval of any future permits or processes on the property.

I hereby acknowledge that the subject dwelling has been equipped with smoke detectors, fire extinguishers, and carbon monoxide detectors as required by the Jefferson County Zoning Resolution.

I hereby acknowledge that all parking of all automobiles associated with this Short-term Rental shall be contained on-site, and shall not occur on adjacent roadways or properties.

I understand that I am required to post the "Being a Good Neighbor" guide in a prominent location within the dwelling (available on our [web site](#) or Planning and Zoning front counter).

I hereby acknowledge that I have read this application and state that the above is correct, and agree not to commence rental until this application is approved, and shall comply to the laws of the State of Colorado and the Zoning Regulations and Building code of Jefferson County. Any violation of the above noted terms will cause immediate revocation of this permit.

☛ If your property is located within an area which has a Home Owners Association (HOA) or Property Owners Association (POA), it is advised that you consult with the association before proceeding with your project. The association may have restrictions beyond the County's permit review process.

Applicant's Signature
Date
Print Applicant's Name
Phone

Primary contact information:

Name	Phone		
Street	City	State	ZIP

Secondary contact information:

Name	Phone		
Street	City	State	ZIP

Staff use only

Zone District		Map #		<i>Description of Request</i>
Plat Book		Page		
ODP Book		Page		
Jefferson County Staff Approval				
Name	Date	Fee	Receipt #	