



# SHORT-TERM RENTAL PERMIT APPLICATION WORKSHEET

PROJECT # \_\_\_\_\_

LA CROSSE COUNTY

DATE \_\_\_\_\_

Property Owner  CONTACT

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 ADDRESS OF PROPOSED SHORT-TERM RENTAL: \_\_\_\_\_  
 \_\_\_\_\_

Local Property Management  CONTACT

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_  
 LICENSE #: \_\_\_\_\_  
 TYPE: \_\_\_\_\_

### SITE INFORMATION

TAX PARCEL # \_\_\_\_\_ LOT AREA \_\_\_\_\_  ACRES  SQ. FT. TOWNSHIP \_\_\_\_\_  
 PROPERTY ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### Performance Standards

- o Prior to and throughout operation of the short-term rental unit, the applicant is required to obtain and maintain the required state licensing and appropriate La Crosse County Health Department permits.
- o The owner's and property management's contact information and notice of application for a Short-Term Rental Permit must be provided to all properties within 300 feet of any property line of any proposed short-term rental **prior** to approval. **Documentation of notice to nearby residents must be provided to the department in the form of a signed affidavit.**
- o The property management contact must be available at all times and able to respond appropriately to all correspondence, complaints, violations, and emergencies related to the short-term rental.
- o Short-term rentals must provide 1 off-street parking space for every 4 occupants based upon maximum dwelling occupancy. **Not less than 1 off-street parking space must be provided.**
  - Where no street curbs are present, on-street parking of vehicles related to the use of the short-term rental is prohibited.
- o An application fee of **\$400.00** must be submitted with this application or the application will not be accepted.
- o Upon receiving the approval of a Short-Term Rental Zoning Permit, the applicant must notify the township of the approval **prior** to operation.
- o Any advertisement or public representation regarding the property, including internet postings, of a unit permitted for short-term rental shall include the state license number, La Crosse County zoning permit number, and the La Crosse County Health Department permit number.
  - Advertising unpermitted Short-Term Rentals in any way regarding the property's availability for use as a short-term rental is strictly prohibited and is considered a violation of ordinance 17.04(1)(i).

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By signing this form, I certify that, to the best of my knowledge, all information presented herein is true and correct and that the property described is not in violation of the La Crosse County ordinance. I understand that I am responsible for obtaining all necessary federal, state, and local permits pertaining to this project. I hereby authorize permission for La Crosse County Zoning staff to access the property described herein for the purpose of verifying or gathering information relating to this application. I further understand that an onsite inspection of the proposed structure or project may be made by La Crosse County Zoning between the hours of 8:00 am and 4:30 pm, Monday through Friday during the duration of the applicable permits.

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Affidavit of Mailing a Neighborhood Notification Letter

I, \_\_\_\_\_, do hereby declare as follows:

1. I have mailed a *Neighborhood Notification Letter* for the proposed short term rental unit in accordance with Chapter 17. Section 2. (1)(i)(2)(a)(iv).
2. The letters were mailed to all property owners within 300 feet of the subject property.
3. I have included a copy of the letter with the application.
4. I have prepared these materials in good faith and to the best of my ability.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

