

Address of Vacation Home Rental

Owner Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Local Contact Person _____ Address _____

Phone _____ Cell Phone _____

of Bedrooms _____ # of On Site Parking spaces _____

Max number of Occupants (excluding children under 12) _____

PLEASE INITIAL THE FOLLOWING

Fire Inspection complete _____ Building Inspection complete _____

Site Plan Showing PAVED/CONCRETE PARKING to lot lines Included _____

Copy of Arizona TPT Tax License Included _____

Copy of Rental Agreement _____ Fire Inspection Fee \$47.00 _____ Building Inspection Fee \$47.00 _____

Floor Plan of house showing all room dimensions, # of beds per room, exits and total square footage _____

Approx. total heated square footage _____

Copy of City of Page Business Registration Included _____

(For Renewal Only) Copy of valid Transient occupancy Tax remittance form _____

I have read Ordinance 597-12 and agree to comply with the requirements set forth. I acknowledge and represent that all designated bedrooms contain a minimum of 70 square feet and meet all requirements of the current International Building Code and that I, my agent, or my local contact has or will post the vacation home rental standard permit conditions and any additional conditions. If I am the local contact or agent of the owner, I represent that the owner has authorized me to submit this application.

Owner Signature Date _____

Local Contact Signature Date _____