



Town of Silverton

VACATION RENTAL "Renewal"

Section A:

NAME OF VACATION RENTAL PROPERTY _____

VACATION RENTAL ADDRESS _____

LEGAL DESCRIPTION LOT NO. (S) _____ BLOCK _____ ADDITION _____ Zone _____

NAME OF PROPERTY OWNER / APPLICANT _____ PHONE ____ - _____

MAILING ADDRESS _____ EMAIL _____

WILL THIS VACATION RENTAL BE YEAR ROUND? YES NO

PROPOSED DATE TO BEGIN OPERATION _____

PROPERTY MANAGEMENT: All must live & respond within 15 minutes of vacation rental, as applicable

OWNER/APPLICANT (listed above) as Property Manager? YES NO Alternate phone # ____ - _____

If "No" Complete Section B(1) & B(2), If "Yes" Complete Section B(2)

Section B:

Section B(1):

PROPERTY MANAGEMENT'S, Company Name _____ PHONE ____ - _____

PROPERTY MANAGER'S NAME _____ Alternate phone # (cell) ____ - _____

MAILING ADDRESS _____ EMAIL _____

Section B(2):

SECONDARY (ALTERNATE) PROPERTY MANAGEMENT'S, Company Name _____

PHONE ____ - _____ EMAIL _____

PROPERTY MANAGER'S NAME _____ Alternate phone # (cell) ____ - _____

MAILING ADDRESS _____ EMAIL _____

All information submitted is known to be accurate as submitted by applicant:

SIGNATURE OF APPLICANT _____ DATE ____/____/____

Staff Use Only ----- Staff Use Only ----- Staff Use Only



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PAYMENT RECEIVED BY: _____ DATE ___/___/_____

RENEWAL _____ FEE \$500, Planning Directors Approval - YES NO Initial _____

Documented Violations - Application Subject to Review by Planning Director: Initial _____

PLANNING DIRECTOR'S ADMINISTRATIVE REVIEW ----- STAFF USE ONLY

ADMINISTRATIVE REVIEW - APPROVED: YES NO

ACTION TAKEN AFTER ADMINISTRATIVE REVIEW:

PLANNING COMMISION REVIEW - RECOMMENDATION:

FINAL ADMINISTRATIVE REVIEW - APPROVED: YES NO

APPEAL TO TOWN TRUSTEES – ACTION TAKEN: