

**FOR STAFF USE ONLY**

City Registration Number: _____

Initial Application _____ Renewal _____

Reinspection _____ Fee Collected \$ _____

Permit Date: _____

SHORT TERM RENTAL REGISTRATION APPLICATION**STR ADDRESS** _____

Number of Bedrooms: _____

Owner Name: _____

Address: _____

Phone: _____ Email: _____

Operator/Agent Name (if applicable): _____

Address: _____

Phone: _____ Email: _____

Local Responsible Party

An owner must designate the name and contact information of a local responsible party who can be contacted regarding immediate concerns and complaints from the public. Said individual must be available to be reached in person or by phone at all times while occupants are on the premises of a Short-Term Rental. If called, a local responsible party must be able to and shall be present at the premises within one (1) hour of a call from the City. A local responsible party must be authorized to make decisions regarding the premises and its occupants. A local responsible party may be required to, and shall not refuse to, accept service of citation for any violations on the premises.

Name: _____

Address: _____

Phone: _____ Email: _____

Name of HOA/Sub-association, if any, of which the premises is covered by the dedicatory instruments: _____

CERTIFICATION/INSPECTION AUTHORIZATION:

I, as owner of the property hereinafter referenced, do hereby execute this document, and acknowledge the above statements to be true and accurate to the best of knowledge. I have received, read, and understand the terms and conditions of this request, and agree to compliance with all applicable codes and ordinances of the City.

I will permit City inspectors to enter my property to conduct the necessary inspections as scheduled. I authorize my duly authorized agent to coordinate with the City and its representatives to enter the property at reasonable times for the purposes of inspecting and monitoring the project according to the adopted codes of the City. This authorized agent is hereby given authority from me to consent to City inspections on my behalf.

I understand that a permit will not be issued until the inspections are complete and the premises is determined to be in compliance with minimum requirements for health and safety. If a permit is granted, I will continue to comply with all requirements including, but not limited to, obtaining annual independent inspections of required fire extinguishers.

Owner Signature:_____ **Date:**_____

State of Texas

County of _____

Before me, _____, on this day personally appeared _____, known to me, or proved to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public's Signature