



# SHORT-TERM RENTAL PERMIT APPLICATION

Date  
Recvd: \_\_\_\_\_  
Fee: \$ \_\_\_\_\_  
Permit #: \_\_\_\_\_

The Town of Waterville Valley allows Short-Term Rental of properties but wants to ensure the safety of occupants, minimize neighborhood disruption and maintain fairness related to paying for Town services.

- |   |     |    |
|---|-----|----|
| 1. Are you renting bedrooms or a residential property for less than 30 days at a time?          | YES | NO |
| 2. Are you renting the bedroom or residential property for more than 30 days per calendar year? | YES | NO |

If you answered **YES** to **BOTH** questions 1 & 2 you need a permit.

## 1. TYPE OF SHORT-TERM RENTAL BEING APPLIED FOR:

☐ **STR TYPE 1**

STR Type 1 is owner or operator occupied or associated with an owner-occupied Lodging Facility.

☐ **STR TYPE 2**

STR Type 2 is not owner or operator occupied and is not associated with an owner-occupied Lodging Facility.

## 2. APPLICANT INFORMATION:

Applicant Name:	Applicant Address:
Phone Number:	Email:

Applicant Same as Owner? ☐ YES ☐ NO

Owner Name:	Owner Address:
Phone Number:	Email:

## 3. EMERGENCY CONTACT INFORMATION:

Primary Contact Name:	Primary Contact Address:
Phone Number:	Email: <input type="checkbox"/> Key Holder <input type="checkbox"/> < 45 Min. Response

Secondary Contact Name:	Secondary Contact Address:
Phone Number:	Email: <input type="checkbox"/> Key Holder <input type="checkbox"/> < 45 Min. Response

#### 4. RENTAL INFORMATION:

Physical Address of STR:		Unit Number:
Number of Bedrooms:	Number of Bathrooms:	Number of Designated Parking Spaces:
Residential (Single Family) <input type="checkbox"/> Residential (Two Family/Multi) <input type="checkbox"/> Accessory Dwelling <input type="checkbox"/>		
Condominium or Unit in Commercial Building Open to Public <input type="checkbox"/> Other: <input type="checkbox"/> _____		
Platforms STR is advertised through: AirBnB <input type="checkbox"/> VRBO <input type="checkbox"/> HomeAway <input type="checkbox"/> Craigslist <input type="checkbox"/>		
Other: <input type="checkbox"/> _____		

#### 5. ALARM INFORMATION:

Alarm System: Fire <input type="checkbox"/> CO <input type="checkbox"/> Burglary <input type="checkbox"/> Freeze-Up <input type="checkbox"/> Medical Alert <input type="checkbox"/> None <input type="checkbox"/>	
Other <input type="checkbox"/> _____	
Alarm Monitored By:	Phone Number:
Alarm Panel/Reset Location:	

#### 6. ACKNOWLEDGEMENTS:

Applicant agrees that the Short Term Rental will conform to the Town of Waterville Valley Zoning Ordinance adopted on March, 2021 and with all other requirements of law of the Town of Waterville Valley and the State of New Hampshire.

The applicant agrees to review the following Town Ordinances and encourage compliance from all renters; **Dogs, Noise, Fireworks, Parking, Wild Animals, Solid Waste Disposal, Solid Waste Enclosures.** Ordinances can be viewed on the Town's Website ([www.watervillevalley.org](http://www.watervillevalley.org))

The applicant certifies that this application is an allowed use under any association rules, covenants, Deeds, or any other restrictions or authority.

Further, the applicant certifies that all information provided in support of this application is true and complete and authorizes inspection by town officials for purposes of this permit.

This application is valid for two years from the date of issuance for the property owner who makes the application. If sold, a new application is required before the property may be used for short-term rentals.

Signature of applicant\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*If applicant is not the property owner please attach or email a letter of authorization from the owner authorizing the applicant to apply for permits on their behalf. Letter of authorization can be emailed to [wvassessing@watervillevalley.org](mailto:wvassessing@watervillevalley.org).

OFFICE USE ONLY:	Registration Fee Paid <input type="checkbox"/>	Owner Checklist Received <input type="checkbox"/>	Date: _____
	Interior Inspection Requested <input type="checkbox"/>	Inspection Scheduled: _____	
	Inspection Completed By: _____	Date: _____	
Application Approved? Yes - No Approved By: _____ Date: _____			
Permit Completed: <input type="checkbox"/> Permit Mailed/Emailed <input type="checkbox"/> Date: _____			



## SHORT-TERM RENTAL (STR) APPLICATION OWNER CERTIFICATION CHECKLIST – INTERIOR

Waterville Valley Department of Public Safety  
Code Enforcement Division  
14 TAC Lane / P.O. Box 500 Waterville Valley, NH 03215  
Phone (603) 236-4730 [wvassessing@watervillevalley.org](mailto:wvassessing@watervillevalley.org)

Property Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Mailing Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

1. Yes ☐ No\* ☐ I acknowledge that once the STR permit is issued, it is posted inside, on or near the front door.
2. Yes ☐ No\* ☐ Smoke detectors are installed near sleeping rooms on each floor, and in each sleeping room.
3. Yes ☐ No\* ☐ Carbon Monoxide detectors are installed on each floor and in each sleeping room with a wall heater or a fireplace.
4. Yes ☐ No\* ☐ There is a 5 lb. fire extinguisher mounted 3-5 feet off the floor, on each level of the rental unit.
5. Yes ☐ No\* ☐ Locking mechanisms on all exit doors operate without the use of a key from the inside.
6. Yes ☐ No\* ☐ All appliances, heaters, lamps, or fixtures operate without extension cords or extension cords that are UL listed and do not exceed manufacturer recommendations.
7. Yes ☐ No\* ☐ All junction boxes and outlets are covered so that no electric wiring is exposed.
8. Yes ☐ No\* ☐ Any interior stairs or steps are structurally sound, with appropriate head clearance and hand rails.

\*Any "No" answer requires additional explanation and may require an inspection appointment for resolution.

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9. I certify that all of the items checked above are correct, and that the Short-Term Rental unit is free from any apparent safety hazards. I also acknowledge that maintaining safe conditions on the property is the responsibility of the owner, and that failure to do so may result in suspension or revocation of the short-term residential rental permit.

\_\_\_\_\_  
Signature of STR Owner or Agent

\_\_\_\_\_  
Date

The Owner or Agent may request an interior inspection of the STR unit in lieu of submitting this completed checklist. Failure to submit this completed checklist or request an interior inspection may result in denial of the STR permit.

**SUBMIT**

**PRINT**