



VACATION RENTAL

P.O. Box 2002
 Buena Vista, CO 81211
 719-395-8643
 www.buenvistaco.gov

Project Address
Submit Date
Town Use Only

CONTACT INFORMATION

Applicant Name _____ Phone Number _____

Email Address _____

Property Owners Name _____ Owners Mailing Address _____

Phone Number _____ City, State, ZIP _____

Email Address _____

OPERATIONAL STANDARDS Sec 16-4

Vacation rental means a dwelling occupied by a paying guest on a temporary or transient basis, not exceeding thirty (30) days, where kitchen and other food preparation facilities may be provided, and which is not owner occupied. A vacation rental does not include owner-occupied bed-and-breakfast establishments, but does include cabins and similar structures designed and intended to be occupied by the traveling public for less than thirty (30) consecutive days.

Property Address: _____

Number of Units: _____

Total Square Footage of all units: Unit 1) _____ Sqft. Unit 2) _____ Sqft

LEGAL DISCLAIMER

I hereby certify that I have read and examined all application submitted at this time and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. It is my responsibility to review the approved plans and any comments that are contained thereon and see that the structure and/or project is built in compliance with all applicable codes

Applicant Signature _____ Date ____ / ____ / 20 ____

Owners Signature _____ Date ____ / ____ / 20 ____

Applicant	Required Item	Town Staff
	Proof of Ownership - Used to confirm ownership of the property.	
	Floor Plans - Of the structure(s) used for the Vacation Rental - Showing any major construction changes within the structure. - Ingress and egress (windows and doors) - Any other pertinent information	
	Change of Use Notification - - To ensure life safety within the structure going to be rented.	

For Town Staff Only

Date Submitted: ____ / ____ / 20 ____

Reviewer Name: _____

Date Reviewed: ____ / ____ / 20 ____

Planning Approval: _____ Date: ____ / ____ / 20 ____

Admin Approval: _____ Date: ____ / ____ / 20 ____

Notes
