VILLAGE OF JEMEZ SPRINGS PLANNING & ZONING

CONDITIONAL USE PERMIT
SHORT-TERM OCCUPANCY RENTAL

I. Property Owner (applicant)

Name: _____ Phone: _____

Business Name: _____

Mailing Address: _____

Email Address: _____

1. This form shall be submitted to the Village Office with required fee of $50.00.
2. Property owner hereby gives consent to the Zoning Administrator, or his/her representative, to make reasonable on-site inspections which may be required to verify compliance.
3. Property owner agrees to the following: (please initial each of the following)
   - [___] I have read and understand the Short-Term Occupancy Ordinance (130-31) of the Village Code
   - [___] Smoke detectors/CO^2 detectors shall be installed and operative
   - [___] One or more working fire extinguishers shall be on the property
   - [___] All rooms used for sleeping shall have more than one emergency exit
   - [___] Gross Receipts Tax shall be paid to the state of New Mexico
   - [___] Lodgers Tax shall be paid to the Village of Jemez Springs
   - [___] Village Business Registration shall be kept current.
   - [___] Emergency contact information shall be kept current.

4. Property owner certifies that all statements herein and in attachments to this application are, to the best of their knowledge, true and accurate.

Property owner: _____ Date: _____
Signature

II. Property proposed as a short-term rental (*to be completed by applicant)*

Property Address: _____

Parcel Number: ___ - ___ ___ ___ - ___ ___ ___ - ___ ___ ___ - ___ ___ ___

County Treasurer/Assessor Account Number: R ___ ___ ___ ___ ___ ___

Description of property or portion of property proposed for short-term rental:

_____

_____

_____

_____

Number of units: _____ Total maximum occupancy: _____

Local contact information:

Name: _____ Phone _____

Address: _____

Email Address: _____

III. Village Office Checklist (*to be completed by Village Clerk)*

[ ] Application fee of $50.00 paid.

[ ] Neighbor Notification Certified Letter: # of Letters: _____ x $10 = $_____ paid

Check /CC#: _____

Business Registration: [ ] current [ ] pending

[ ] Applicant given Lodgers Tax payment form

Village Clerk: _____ Date: _____
Signature

IV. Zoning Compliance Checklist (*to be completed by Zoning Administrator*)

Zoning District: [ ] RDD [ ] VCD [ ] NRD

Date of public hearing notice: _____ Date neighbors notified: _____

Variance requested: [ ] Yes, _____ [ ] No

Other Conditional Use Permit requested: [ ] Yes, _____ [ ] No

CUP STOR [ ] Approved [ ] Denied (reason)_____

_____

Zoning Administrator: _____ Date: _____
Signature