TOWN OF DELTON
Short-Term Rental
Application & Acknowledgments

Short-Term Rental Notice

Wisconsin law defines "short-term rental" as "a residential dwelling that is offered for rent for a fee for fewer than 30 consecutive days". The Town of Delton regulates two types of short-term rentals. Please select the type to which this application form applies:

_____ Overnight stays of 1-6 days. Allowed only in Commercial Zoned District only with this approved application and conditional use permit.

_____ Overnight stays of 7-30 days. Allowed in all zoning districts with this approved application.

Property Owner Information:

Name:_____
(Last, First, Middle)

Mailing Address: _____

City_____ State _____ Zip _____

Telephone Numbers: (h) _____
(w) _____
(c) _____

E-mail: _____

* * *

Short-Term Rental Location & Certification

Property Address in the Town of Delton:_____

Sauk County Tax Parcel Number: 008-_____-_____

The property address premises is a residential dwelling defined as:

1. a building or structure;
2. with facilities for living, cooking, sanitary and sleeping;
3. that is used or intended to be used by the owner as the owner's primary or secondary home, residence or sleeping place;
4. by one person or by two or more persons maintaining a common household to the exclusion of others.

The applicant estimates and recites that, in calendar year 20___, the property owner premises will be used as the applicant's primary or secondary residence the following percentages of the calendar year:

Primary____ %
Secondary__ %

* * *

Property Manager Contact Information

(Must reside within ten (10) miles of short-term rental location)

(Check one)

____ The Owner identified above

-OR-

Mailing Address: _____

City_____ State _____ Zip _____

Telephone Numbers: (h) _____
(w) _____
(c) _____

E-mail: _____

* * *

Rental Period (If 7-30 days application)

The property owner acknowledges that the total number of days within a 365 day period the residential dwelling may be rented shall not exceed 180 days; and, the 180 must be consecutive; and, identified in advance. This application is for the following specified 180 consecutive day period: begin date:_____, 202___ to end date :_____, 202___.

* * *

Wisconsin Tourist Rooming House License #_____. Attach Copy.

* * *

Property Owner/Manager acknowledges receipt of the Town of Delton Short-Term licensing ordinance and agrees to abide by and observe all applicable rules related to this application, license and land use.

Property Owner	Property Manager
_____	_____
Date:_____	Date:_____

* * *

Fees:

Initial Application Fee	$500.00	PD._____
Renewal	$100.00	PD._____
Late Fees	$100.00	PD._____
Inspection	$100.00	PD._____

* * *

This application approved and license issued _____, 20___ by the Town of Delton Board.

_____ _____

Town Clerk **Town Chair**