



TOWN OF LA VETA SHORT-TERM RENTAL PERMIT APPLICATION

FOR RENEWALS, LIST CURRENT PERMIT NUMBER _____

This Application is to be submitted at least sixty (60) days prior to advertising the subject property as a Short-Term Rental unit. Completed Applications should be delivered to the Town of La Veta, 209 S. Main Street, La Veta, CO 81055. All renewal Applicants shall have a current Business License.

Short-Term Rental business means the commercial enterprise of leasing or renting one or more Short-Term Rental units.

Short-Term Rental unit means a privately owned residential dwelling, such as, but not limited to a single-family detached/unattached, cabin, duplex, townhome, mobile home, or any portion (room) within such dwellings, rented for Short-Term (less than 30 days) occupancy for dwelling, lodging or sleeping purposes. Short-Term Rentals are not permitted in multi-family, apartment or condominium units.

- ☐ New Permit \$300.00
- ☐ Renewal of Existing Permit \$150.00 (must be submitted 45 days prior to the expiration of the Permit)

GENERAL INFORMATION PROPERTY OWNER/LICENSED BUSINESS:

Name of Owner(s) of Rental Unit:

Owner(s) Mailing Address:

Owner(s) Phone Numbers:

Owner(s) E-mail Address(es):

RENTAL UNIT INFORMATION:

(Must complete for each Property/Unit rented by the Owner/ Business License Holder.)

Address of Property to be used as a Short-Term Rental:

Number of Bedrooms: _____#

Number of Parking Spaces on Site (1 spot per bedroom required): _____#

Description of Location of Parking: **Attach Map**

CO Sales Tax #: _____

Acknowledge that all Local, County, Occupation Lodging, State and Federal Taxes Are/ Shall Be
Collected and Remitted

Initial _____

Primary Contact Person – means a person designated in writing by the property Owner who shall be available twenty-four (24) hours per day, seven (7) days per week for the purpose of responding within a reasonable amount of time to concerns related to property code violations, unlawful operations, or disruptive conduct of occupants of the Short-Term Rental unit in order to take remedial action to resolve such violations and/or complaints. Short-Term Rental businesses must have a Primary Contact Person who shall be responsible for ensuring compliance with provisions of the La Veta Municipal Code including, but not limited to, reports for the occupation of and lodging tax for, maintenance of the property including parkways, snow and ice removal, and all other property maintenance requirements. This Primary Contact Person shall also be available to promptly respond to law enforcement and municipal code violation issues.

Primary Contact Person Name: _____

Primary Contact Person Mailing Address:

Primary Contact Person Phone Number: _____

Primary Contact Person Email Address: _____

OCCUPANCY INFORMATION

Occupancy Information (Please Print in Blue or Black Ink)

Name of Person Completing Inspection:

Date of Inspection Performed _____

Occupancy Street Address:

Occupancy Phone:

Building/Property Owners Name (s):

Building /Property Owners Phone Number(s):

Primary Contact Person Name & Number:

Total Square Footage _____

Number of Stories:

Above Grade _____ Below Grade _____

Short-Term Rental Room location: _____

Roof Covering (select one):

☐ Tar & Gravel ☐ Tile ☐ Composition Shingles ☐ Wood-Shingles ☐ Metal

☐ Membrane Build Up ☐ Other _____

SELF INSPECTION SAFETY CHECKLIST

Property Address: _____

In accordance with the La Veta Municipal Code section 18.35.050 (4), all Short-Term Rental units must complete the self-inspection safety checklist. This form constitutes the current specifications for meeting that requirement. Upon completion of this checklist, please sign, date and return to the Town of La Veta, along with the Short-term Rental Permit Application:

- ☐ Address numbers are visible and easy to read from your fronting street
- ☐ All exit doors are free of obstructions.
- ☐ Extension cords do not extend through walls, ceilings, floors under doors or floor coverings or are otherwise subject to damage.
- ☐ Appropriate covers are in place on all electrical switch and outlet boxes.
- ☐ All circuit breakers are labeled, in English, to show what they control.
- ☐ All multi-plug adaptors are UL listed.
- ☐ All water heaters have a pressure relief valve.
- ☐ All gas appliances have individual gas shut-off valves.
- ☐ All combustibles are stored at least three feet (3') away from gas appliances (water heater, furnace, etc.).
- ☐ Smoke detectors are functioning/present in all sleeping areas.
- ☐ Smoke detectors are less than 5 years old and have fresh batteries.
- ☐ Carbon monoxide (CO) detectors are present/functioning in every level of the residence.
- ☐ CO detectors are less than 5 years old and have fresh batteries
- ☐ Unit has a printed copy of Floor Plan – indicating bedrooms, and Unit ingress and egress

*It is recommended that an ABC fire extinguisher be installed near cooking equipment, wood/pellet burning stoves and fireplaces.

I _____ (print name) do attest that I have completed my self-inspection Short-Term Rental checklist. I confirm that it is accurate and that I will be liable for any inaccuracies.

Owner Signature _____

Date: _____

ADJACENT PROPERTY OWNERS

“Adjacent” is defined as properties that physically touch the boundaries of your property. Properties separated by a road, street, or alley are not considered adjacent.

For adjacent properties where the owners are present, please provide their contact details and a signature to indicate they are aware of your short-term rental plans.

For properties where the owners are absent, you are required to notify them by sending this form with photocopies of supporting materials (if that material is convenient to copy) by certified mail. Property owner addresses can be found at the Huerfano County Treasurer’s or Assessors office, 401 Main Street, Suite 204, Walsenburg, CO. 81089, 719-738-2380.

You must present the receipt of certified mailing at the time of submission of this application.

APPLICATIONS WITHOUT SIGNATURES AND/OR RECEIPTS OF CERTIFIED MAILING WILL NOT BE ACCEPTED.

Owner Name and Address	Signature (if Owner Present)	Mailed? (If Owner Absent)
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

Attach additional sheet if necessary

Be affixing your signature below you agree that the information provided is true to the best of your knowledge.

Property Owner Signature

Date

ADMINISTRATIVE USE ONLY:

(Do not fill out anything below, keep this section attached to application)

Business License No. : _____

☐ Application form completed and signed

☐ Application fee collected of \$_____

☐ Occupancy Information Completed & Returned

Pass ☐ Fail ☐

☐ Self-Inspection Safety Checklist Completed & Returned

Pass ☐ Fail ☐

Application received by: _____

Date: _____

Application approved by: _____

Date: _____

Comments: