



Planning and Zoning Department

1156 Alpine Drive

Nekoosa, WI 54457

Phone: (715) 325-8019

Fax: (715) 325-8035

www.romewi.gov

SHORT-TERM RENTAL ZONING PERMIT

The Zoning Administrator will issue zoning permits for Short-Term Rentals based off of criteria found in Town Ordinance Chapter 234 Licenses and Permits as well as Chapter 360 (Zoning) Article III, General Regulations, and Article IV, Administration and Enforcement.

Attach floor plans showing the entirety of the proposed rental property, driveways and all other pertinent features. Images should be clear and easy to read. If an image is not clear occupancy calculations may be incorrect.

Applicant:

Name of Owner _____

Mailing Address _____

Phone _____

Email _____

Office use:

File # _____ Date received _____

Parcel # _____ Fee Paid: _____

The rental can have a maximum occupancy of _____ and _____ vehicles to be parked on hard surfaces not on the lawn / grass.

Property Location / Description:

_____ 1/4 _____ 1/4 Sec. _____ T _____ N R _____ E

Lot _____ Block _____ Addition _____

Subdivision or CSM _____

Property Address _____

PLEASE PRINT CLEARLY & FILL OUT ALL APPLICABLE INFORMATION

Rental Details:

Number of Floors: _____ Number of Bathrooms: _____ Number of Bedrooms: _____

Bedroom(s) Ft²: _____ Living Room Ft²: _____ Dining Room Ft²: _____

Other Rooms Ft² (Not kitchen/bathrooms): _____ Is there a finished basement with egress? (Y / N) Ft²: _____

Total livable area measurement Ft²*: _____ Driveway Dimensions: _____

**we do not take in to consideration hallways, closets, bathrooms, garages, kitchens, or any rooms that don't meet Uniform Dwelling Code into livable area measurements.*

An approved Short-Term Rental Zoning Permit is indefinite as long as the applicant has a valid Short-Term Rental License with the Town of Rome.

⁽¹⁾ The applicant's signature on this form grants consent for Dept. staff to enter the property for inspection related to this application. Said consent does not include consent to enter a dwelling or other structure on the property. Furthermore, the undersigned hereby applies for the zoning permit requested above and states that the information on this application and the attached documents are accurate. The application must be signed by all property owners of record. If an agent is to sign the application, written proof of authority is required to accompany the application. If the property is in a Trust, the Trustee must sign the application, and provide proof of trustee authority. If needed, obtain a **TRUST INFORMATION form** from the Planning and Zoning Department. The application must be complete including an address and phone number where someone can be reached for questions or information.

Property owner signature ⁽²⁾ _____

Date _____

OFFICE USE ONLY:

Zoning: \$ _____

Approved By: _____

Date: _____

Paid By: _____

Denied By: _____

Date: _____

Date: _____

Comments/Conditions: _____
