

TOWN OF DANDRIDGE

APPLICATION FOR SHORT-TERM RENTAL UNIT PERMIT

HOW TO APPLY FOR A SHORT - TERM RENTAL UNIT PERMIT

1. Obtain permit application. Start by reviewing the materials in this packet or by printing all relevant forms here. You may also call (865) 397-7420 Ext, 113 or visit the Town of Dandridge at 131 East Main St. Dandridge, TN 37725.

2. Complete the application packet. The application has several key components. A complete checklist can be found on Page 2. Short Term Rental Unit Permit Application Permit fee of \$300.00 payable to the Town of Danridge - the Town accepts credit card¹, check or cash A copy of your City and County Business License Completed Life Safety Compliance Verification Form

3. Make copies of all forms for your records.

4. Submit all forms together as a complete packet. Incomplete packets will be returned to the applicant via mail. Mail or deliver your completed application packet to:

Town of Dandridge Building Department, Attn: Short Term Rental Unit Permit
Application Processor, by mail to P.O. Box 249 Dandridge, TN 37725 or to 131 E.
Main Street Dandridge, TN 37725.

5. A copy of the Short-Term Rental Unit Permit will be mailed to you and is valid for one year, unless revoked.

¹ Please note that if paying by credit card, the Town will issue a 2.5% service charge

SHORT TERM RENTAL UNIT PERMIT OPERATOR APPLICATION

(You must keep the information provided herein up-to-date at all times, even after a Permit is issued. Failure to do so may result in suspension or revocation of your Permit.)

This is an application for: Owner Occupied Non-Owner Occupied Unoccupied

1. Location of proposed Short-term Rental Unit (“STRU”):

Address _____

Zip Code _____ Zoning District² _____

2. What is Applicant’s relationship to the STRU? Check all that apply. Owner Resident Lessee Other—Please Describe _____

3. What type of dwelling is the STRU? Single Family Home Duplex or Townhouse
 Garage Apartment Other—Please Describe _____

4. Number of floors in the STRU, including basements even if unfinished _____

5. Name of Applicant _____

Address _____ Zip Code _____

Email address _____ Phone () _____

NOTE: If the Applicant is a business entity, provide below the name, address, email address, and phone number of the entity’s contact person. Also, attach proof that the entity is in good standing with the Tennessee Secretary of State³.

Name _____

Address _____ Zip Code _____

Email address _____ Phone () _____

6. If Applicant is not the Owner of the property, provide below the name, address, email address, and phone number of the Owner of property.

Name of Owner _____

Address _____ Zip Code _____

Email address _____ Phone () _____

² You can find the zoning district for the STRU by visiting Town of Dandridge Website and clicking the Building and Planning Tab, then the Planning Information tab, and finally the zoning map tab or contact the Town of Dandridge at 865-397-7420 Ext. 113

7. Please designate a local contact person for the STRU who will be available twenty-four hours a day to address any issues arising with the STRU, and provide below the name, address, email address, and all telephone numbers. If Applicant is the local contact, please simply note "Applicant" for name, but provide additional telephone numbers where you may be contacted.

Name of Local Contact _____

Address _____ Zip Code _____

Email address _____ Phone () _____

Alternate Phone () _____ Alternate Phone () _____

8. Name(s) of hosting platform(s) and internet website(s) where STRU will be advertised:

9. ATTACHMENTS Proof of ownership of the STRU³ For Owner Occupied Permits, two (2) documents demonstrating proof of Owner's residency⁴ Site plan (using the forms provided in this packet) Life Safety Compliance Form (provided in this packet) A City and County Business Licensee; If applicable for a Type 2 or Type 3 Permit, proof of the entity's good standing.

By signing below:

I ACKNOWLEDGE THAT I HAVE READ AND WILL FOLLOW AND COMPLY WITH ALL SHORT-TERM RENTAL UNIT REGULATIONS AND ORDINANCES, THE TOWN OF DANDRIDGE'S ("TOWN") BUSINESS LICENSE REQUIREMENTS, WILL PAY ALL APPLICABLE TOWN HOTEL OCCUPANCY PRIVILEGE TAX AND LOCAL OPTION SALES TAX, AND THE STATES GROSS RECEIPTS TAX, AND ABIDE BY ANY ADDITIONAL ADMINISTRATIVE REGULATIONS IMPOSED NOW OR LATER. IF I AM AN OWNER, BUT NOT THE OPERATOR, I ACKNOWLEDGE THAT I CAN BE HELD LEGALLY RESPONSIBLE AND LIABLE FOR COMPLIANCE WITH TOWN'S

³ Must be a copy of the recorded deed for the STRU.

⁴ Per the Ordinance, documents which establish residency include: owner's motor vehicle registration; a valid driver's license or TN identification card for owner; the address used for the school registration of owner's children; the owner's voter registration card; or owner's W-2 form reflecting the property address.

ORDINANCES AT THE SHORT-TERM RENTAL UNIT JUST AS IF I WERE THE OWNER. I SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE TOWN AND ITS ELECTED OFFICIALS, OFFICERS, REPRESENTATIVES, AND EMPLOYEES FOR ANY AND ALL MATTERS RELATED TO THIS AND THE OPERATION OF THE SHORT-TERM RENTAL UNIT. THE INDEMNIFICATION AND HOLD HARMLESS PROVISIONS STATED HERE SHALL SURVIVE REVOCATION OR EXPIRATION OF THE PERMIT.

I ACKNOWLEDGE THAT THIS APPLICATION IS A “GOVERNMENTAL RECORD” AND IF I MAKE A FALSE ENTRY OR REPRESENTATION IN THIS APPLICATION, THEN I COMMIT A VIOLATION OF T.C.A. § 39-16-504. I HAVE CAREFULLY CONSIDERED THE CONTENT OF THIS APPLICATION BEFORE SIGNING. I AFFIRM THAT THE CONTENT IS TRUE, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

APPLICANT: _____
Signature

PRINT NAME: _____

DATE: _____

OWNER: _____
(IF NOT APPLICANT) Signature

PRINT NAME: _____

DATE: _____

OFFICE USE ONLY

Date of receipt of Application: _____

Reviewed by Community Development Director or Designee on _____.

Application Fee received and if by check, check has cleared? _____ Yes ___ No

Applicant holds valid Business License? _____ Yes ___ No

This Unit is located in Zone _____.

An inspection for building code compliance was performed on _____, by
_____.

Fire Department safety inspection performed on _____, by
_____.

All required Application documentation has been submitted? _____ Yes ___ No

Permit Number, if Application approved: _____

Issue Date: _____

If Permit was not issued, please list reasons, and what efforts were made to allow Applicant to address deficiencies, if applicable: _____

LIFE SAFETY COMPLIANCE VERIFICATION FORM- The Applicant and Owner, if not Applicant, certify compliance by signing below as follows:

Verification of number and locations are required for the entire property, even those areas or rooms that are not available for occupancy as part of the Short-Term Rental Unit. Every smoke and carbon monoxide alarm must function properly with the alarm sounding after pushing the test button. Smoke alarms must meet Underwriters Laboratory (UL) 217 standards and must be installed inside sleeping rooms, outside sleeping rooms and within 15 feet of the door of all bedrooms, and on each story, including basements. Carbon monoxide alarms must be within 15 feet of the door of all bedrooms. There must be at least one (1) operable fire extinguisher in the Short-Term Rental Unit.

Number and location(s) of smoke alarms:

Number and location(s) of carbon monoxide alarms:

Number and location(s) of fire extinguishers:

BY SIGNING BELOW, I AFFIRM THAT THE CONTENTS OF THIS FORM ARE TRUE AND THAT THE EQUIPMENT NOTED ABOVE IS FULLY OPERATIONAL. I ALSO AGREE TO MAINTAIN THIS EQUIPMENT IN FULLY OPERATIONAL CONDITION AT ALL TIMES AND REPLACE IT SHOULD IT STOP FUNCTIONING PROPERLY. I ACKNOWLEDGE THAT THE CITY RESERVES THE RIGHT TO VERIFY THE PLACEMENT AND OPERATION OF THE EQUIPMENT BY INSPECTION.

APPLICANT: _____
Signature

PRINT NAME: _____

DATE: _____

OWNER: _____
(IF NOT APPLICANT) Signature

PRINT NAME: _____

DATE: _____

SITE PLAN INFORMATION:

STRU ADDRESS: _____

SQUARE FOOTAGE: _____

NO. OF BEDROOMS: _____

NO. OF BEDROOMS LISTED ON HOSTING PLATFORM: _____

NO. OF FLOORS WITH HABITABLE SPACE: _____

NO. OF DOORS EXITING TO EXTERIOR: _____

NO. OF VEHICLES ACCOMMODATED BY DRIVEWAY: _____