

Owner Occupied (\$75.00) _____ Annual Renewal (\$100.00) _____

Non-Owner Occupied (\$150.00) _____



**SHORT TERM RENTAL PROPERTY (STRP) PERMIT APPLICATION
TOWN OF THOMPSON'S STATION
CODES DEPARTMENT**

Property Owner Name: _____

Short Term Rental Property Address: _____

Address (if different from STRP): _____

Email Address: _____ Phone: _____

If person or entity other than the Property Owner is responsible for maintenance of the STRP please provide information below:

STRP Attendant Name: _____

Address: _____

Email Address: _____ Phone: _____

The area below is for internal use only.

Please include the following with the application:

Fire Inspection: Date (Must be Current Year): _____

Town of Thompson's Station Business License: Issued Date (Must be Current): _____

Expiration Date: _____

Proof of Liability Insurance Compliance: Policy Issued Date:

Policy Expiration Date:

Amount (Minimum of \$1,000,000):

Certification:

I, the undersigned, hereby certify that I have read and understand the standards **for Short Term Rental Properties, Section 206.26 of the Thompson's Station Zoning Code** and acknowledge that it is my responsibility to assure that the Short-Term Rental Property approved by this permit is in operation under compliance with the requirements of the Thompson's Station Zoning Code.

BUILDING OFFICIAL: _____

ISSUE DATE: _____

APPROVED: _____

DATE: _____

DATE FILED: _____ **FEE PAID:** ___ Yes ___ No

DATE: _____

Ordinance # 2023-11

PERMIT # _____