

Town of Plymouth Vermont Short-Term Rental Unit Registration Form

Owners Name:			
Owners Address:			
Owners Phone:			
Home:	Cell:	Work:	
Owners Email:			
Sho	rt-Term Rental Unit I	nformation	
New Application		Renewal	
Physical Address of Short-Term Rental Unit:			
SPAN#:			
Maximum Number of Bedrooms in Short-Term Rental Unit:			
Name of Local Property Manager	(LPM) or Local Contact:		
Physical Address of LPM:			
Permit for Short-Term Rental Uni	t Application requires a non-r	efundable fee of \$200.00 per bedroom.	
Checks shall be made payable to	the Town of Plymouth.		
Date Application Submitted:		Check #:	

CHECKLIST:

- Appointment with the State Fire Marshal for Certificate of Occupancy (more than 8 occupants). OR completion of the "Short-Term Rental Safety, Health, and Financial Obligations" self-assessment form for fewer than 8 occupants (4 bedrooms or fewer).
- Order and Install Knox Box (<u>www.knoxbox.com</u> model no.1658 Knox Residential Box)
- Contact the Town of Plymouth at 802-500-1815 to open the Knox Box to place your key inside.
- Confirm that your number of bedrooms advertised matches the number of bedrooms on your property Listers Card.
- Sign and return the completed application with payment.
- The Short-Term Rental Administrator will contact you for a final inspection.



The following information shall be provided with the Application Form by the owner(s) of Short-Term Rental dwelling unit(s), here-in-after referred to as STR, as part of the application and registration process. Proof of ownership may be required if the person submitting the Short-Term Rental Unit Application is not the record title holder as indicated by the documentation maintained by the Town of Plymouth. Copy of Certificate of Occupancy, issued by the State of Vermont Fire Marshall, must be included with the application for more than 8 occupants (5 bedrooms or more).

- 1. Physical address of the specific STR advertised, offered for use, or used for STR.
- 2. Contact information of property owner, including name, mailing address and/or physical address, telephone number, and email address.
- 3. Contact information for any person present or residing on the property and/or authorized to act on the owner's behalf, including name, mailing address and/or physical address, telephone number, and email address.
- If there is a written property management agreement or contract dealing with the STR, please state the name of the 4. property manager and the date of the agreement.
- If the STR does not apply to a single building, please indicate. For each STR in a building, please identify the unit(s) and 5. the 911 addresses assigned to the units (if separate from the building).
- You must have homeowners' liability and casualty insurance that must contain a STR endorsement. 6.
- Please provide a sketch plan depicting the entire property where the STR is located. Please show all proposed on-site 7. parking spaces, including guest parking for the STR and parking for the owners if they still reside in the building when the STR is occupied.
- Please provide proof of a Certificate of Occupancy for more than 8 occupants (5 bedrooms or more), for both new and 8. existing buildings, for the STR unit. The State Fire Marshall will issue this. OR completion of the "Short-Term Rental Safety, Health, and Financial Obligations" self-assessment form for fewer than 8 occupants (4 bedrooms or fewer).

Important contact phone numbers:

- The Division of Fire Safety Springfield Regional Office Phone: 802-216-0500
- Website: www.firesafety.vermont.gov
- STR Coordinator available Mondays & Wednesdays 8 am -12 pm Phone: 802-500-1815 # 4 or rental@plymouthvt.org
- STR Administrator: Frank Vetere 802-855-1682 fsvetere@gmail.com

I acknowledge I have reviewed and agree to abide by the Town of Plymouth Short-Term Rental Unit Ordinance.

Signed: _____ Date: _____

Signed: _____ Date: _____

Revised: 12/30/2024