

PERMIT #: _____

**APPLICATION FOR ZONING PERMIT FOR SHORT-TERM RENTAL
PLANNING & ZONING COMMISSION
TOWN OF LYME, CONNECTICUT**

NOTE: PROPERTY TAXES MUST BE PAID IN FULL BEFORE A PERMIT IS ISSUED.

Assessor's Map#: _____ Lot#: _____ Zoning District: _____

OWNER APPLICANT: _____ TEL #: _____

PROPERTY ADDRESS: _____

APPLICANT'S MAILING ADDRESS: _____

EMAIL Address: _____ Owner's Cell #: _____

Is the above property the Owner's permanent residence? Yes or No

The undersigned hereby makes application for a ZONING PERMIT under the Zoning Regulations of the Town of Lyme, Connecticut for the purpose of establishing a Short-Term Rental on the above property.

Description of Proposal: (include # and location of guest rooms (main house or accessory building?), maximum # of guests, and # of parking spaces.)

Do you intend to serve a morning meal to Guests: Yes or No

Lyme Short-term rental regulations require the Owner or an approved Host to be present on the property during the entirety of any rental period. The host shall be responsible for oversight of rental guests and compliance with zoning permits and regulations during a rental. If you intend to designate any host(s) in addition to the owner, please list below. Hosts must be at least 21 years old, and the above property must be their permanent residence.

Host: Name _____ Age: _____
Relationship to Owner: _____
Cell Number _____ Email: _____

Is the above property the host's permanent residence? Yes or No Certification provided? Y or N

Date: _____ Applicant's Signature: _____

Zoning Officer completes this portion:

Application Fee: \$ _____ Paid by Cash Paid by Check Check # _____

Certification provided? Y or N Host Approved _____

Health Department Inspection and Permit: Required? Y or N Provided? Y or N

Fire Marshal Inspection Permit: Required? Y or N Provided? Y or N

APPROVED DENIED **PERMIT VALID FOR ONE (1) YEAR.**

_____ Date: _____

Zoning Enforcement Officer