



PERMIT #: _____

TOWN OF LYME
PLANNING & ZONING COMMISSION
480 HAMBURG ROAD

**APPLICATION FOR ZONING PERMIT FOR SHORT-TERM RENTAL
APPLICATION FOR PERMIT RENEWAL**

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

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

Date: _____ Home Owner's Signature: _____

Zoning Officer completes this portion:

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

Residence 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