SHORT TERM RENTAL ADDENDUM

Mail the original addendum and documents: **OR** **E-mail:**

Village of Forest Hills
c/o Clerk
P.O. Box 506
Cullowhee, NC 28723

Village of Forest Hills Clerk -
Stephanie@villageofforesthills.org

The owner(s) must complete the addendum below. A completed addendum and all required documentation must be submitted together. **Incomplete addenda shall be returned.** Information on Short Term Rentals ("STR") can be found at Village of Forest Hills Ordinances. You must NOT advertise or operate an STR until receiving confirmation from the Village of Forest Hills Planning Department.

☐ Addendum for a **NEW** Residential STR
☐ Addendum to **RENEW** a Residential STR, preciously issued Operational Permit # _____
☐ Addendum for a change of ownership; previously issued Operational Permit #_____

OWNER'S CONTACT INFO Record owner of the premises must operate the STR and be available at any time to resolve complaints regarding operation of the STR.	Name: _____ Mailing Address: _____ Email:_____ Daytime Phone #: _____ Mobile Phone #: _____ Emergency Contact (if other than owner):_____ Mobile Phone # _____ Email:_____
PROPERTY INFO FOR STR USE Only one STR unit is permitted per property.	Street Address:_____ Unit/Apt: _____ Property ID # / Tax Map # (PIN/TMS): _____ Owner(s) of record of the Property: _____ Current use of building: ☐ single family (1 unit) ☐ two-family (2 units) ☐ multi-family (3+ units) Total number of dwelling units on this property _____ (*Dwelling Unit* is defined as one or more rooms including kitchen designed as a unit for occupancy by one family for the purpose of cooking, living, and sleeping.) Total number of bedrooms on this property/building: _____ Total number of rooms to be used by STR guests for sleeping: _____ Total number of parking spaces on property: _____ ☐ **Yes** ☐ **No** Is this property restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the short-term rental use described in this application? **For Category 1:** ☐ **Yes** ☐ **No** Is the property individually listed on the National Register of Historic Places? ☐ **Yes** ☐ **No** Will proposed STR unit displace a dwelling unit occupied in preceding year? **For Category 2:**

	What is the year of construction for the building in which STR unit will be located? _____
BUILDING INFO	**Is the building proposed for STR unit equipped with any of the following:** ☐ **Yes** ☐ **No** Smoke detection system monitored by 3rd party? ☐ **Yes** ☐ **No** Stand-alone or interconnected smoke alarms? ☐ **Yes** ☐ **No** Fire Sprinkler System? **Are you making any of the following changes to accommodate this use:** ☐ **Yes** ☐ **No** Structural or layout changes to the building? ☐ **Yes** ☐ **No** Adding or changing heating, ventilation, or air conditioning systems? ☐ **Yes** ☐ **No** Adding or changing plumbing systems? (sinks, toilets, showers, etc.)? ☐ **Yes** ☐ **No** Adding or changing electrical (lights, switches, outlets, etc.)?

SWORN AFFIDAVIT **(owner listed on Page 1 must initial all items and sign below)**

I/we _____hereby certify and acknowledge by my initials and signature below that the information provided herein are hereby made on oath, willfully, knowingly and absolutely, and the same is and are hereby sworn to be true under penalty by law and any violation thereof may result in a Municipal Summons.

_____ This addendum is complete and accurate, and the property may be posted for this application.

_____ Upon each new guest(s), a new addendum shall be completed by the property owner.

_____ I have reviewed and understand the applicable Zoning Ordinance regulations for operating a STR.

_____ I am the owner and resident of the property where the STR unit is to be located.

_____ I understand that I, the owner, and/or the emergency contact must be accessible by telephone 24 hours day, 7 days a week.

_____ I will keep in full force and effect during all times the STR is operated a general liability policy with a company authorized to do business in the State of North Carolina insuring against personal injury (including death) and property damage with limits of no less than $1,000,000.00 per occurrence.

_____ I must keep a guest register including names, addresses, and dates of occupancy of all guests.

_____ I must comply with all business license and revenue collection laws of the Village, County, and State.

_____ The portion of the premises used for the STR use may be inspected by Village personnel on an annual basis to check for compliance with the Zoning Ordinance and Fire Code.

_____ This addendum and any subsequent approvals or permits are NOT transferable to new owners unless a new addendum or change of ownership application is submitted and approved.

_____ I understand that the STR is NOT approved and MUST NOT operate until all approvals and inspections are completed, and all fees are paid.

For Change of Ownership Only:

_____ I will continue to operate the STR as originally approved. This includes the same number of units, the same rooms, and the same occupancy as approved on the original application.

Property Owner(s) Signature(s) _____ Date_____

NOTARY PUBLIC

Sworn to me this _____ day of _____, 20_____

_____ My Commission expires_____

Notary Public

OFFICE USE ONLY Date/time application received: fee: staff: