



## APPLICATION FOR SHORT TERM RENTAL (STR) PERMIT

Office: (512)-446-2511

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Email: ben@rockdaletx.gov

### **Items that MUST be submitted with the application:**

- Application fee of \$150 (non-refundable if application is not approved)
- A sketch or narrative describing the location of the available parking spaces.
- A sketch of the floor plan, which identifies sleeping areas, proposed maximum number of guests, evacuation route(s), and location of fire extinguisher(s).

### **1. TYPE OF SHORT-TERM RENTAL BEING APPLIED FOR**

#### **STR TYPE 1.**

*An owner-occupied residential property where short-term lodging is provided to only one group at a time per dwelling unit. Nonconforming single-family residential properties that contain more than one dwelling unit shall rent to only one group at a time. The owner must reside in the primary structure on the property and be present at the property for the duration of any short-term rental.*

#### **STR TYPE 2.**

*A single-family or duplex residential property where short-term lodging is provided to only one group at a time per dwelling unit. Nonconforming single-family residential properties that contain more than one dwelling unit shall rent to only one group at a time. The property is not part of a multifamily residential use. The owner does not reside on the property or is not present at the property for the duration of any short-term rental.*

#### **STR TYPE 3.**

*STR Type 3 is a multifamily residential property where short-term lodging is provided to only one group at a time per dwelling unit. The owner does not reside on the property or is not present at the property for the duration of any short-term rental.*

### **2. APPLICANT INFORMATION**

Applicant Identity:

Owner

Tenant  (If tenant, written permission to operate STR from the owner must be attached)

<b>Applicant's Name:</b>	
<b>Applicant's Address:</b>	
<b>Mailing Address:</b>	
<b>Telephone:</b>	<b>Email:</b>

OWNER INFORMATION *Same as Applicant*

<b>Owner's Name:</b>	
<b>Type of Ownership:</b>	
Corporation <input type="checkbox"/>	LLC <input type="checkbox"/>
Single Member-LLC Partnership <input type="checkbox"/>	Individual-Sole Proprietor <input type="checkbox"/>

<b>Owners' Address:</b>	
<b>Telephone:</b>	<b>Email:</b>

DESIGNATED OPERATOR'S INFORMATION      *Same as Applicant*

<b>Designated Operator's Name:</b>	
<b>Designated Operator's Address:</b>	
<b>24 Hour Telephone:</b>	<b>Email:</b>

ADDITIONAL PARTNERS, DIRECTORS, MEMBERS, AND OFFICERS:    *Same as Applicant*


#### HOTEL OCCUPANCY TAX ACCOUNT INFORMATION

**Provide the Hotel Occupancy Tax Account Number for the property.** \_\_\_\_\_

#### 3. PREMISES INFORMATION

**Physical address of short-term rental (only one unit per application):**

Street Address \_\_\_\_\_      Unit Number (if applicable) \_\_\_\_\_

**Legal Description:** Block \_\_\_\_\_ Lot \_\_\_\_\_

**Property ID:** \_\_\_\_\_  
Legal Description and Parcel ID available at: <https://esearch.milamad.org/>

**Type of Structure:**

Residential (Single Family)  Residential (Two Family/Multi)  Accessory Dwelling

Apartment or Unit in Multi-Family/Multi-Unit Building

**Zoning District:** \_\_\_\_\_

**Total number of units located on property:** \_\_\_\_\_

**Number of Off-Street Parking Spaces:** \_\_\_\_\_  
(Minimum vehicle spaces = 1 per unit)

**Applicant/Owner states that to the best of their knowledge, the property meets the requirements for a Short-Term Rental:**

*(Please initial each applicable statement as evidence of fact and compliance)*

- The designated operator shall be available by phone at all times the Short-Term Rental is in use.
- The unit has a working smoke detector and carbon monoxide detector in or outside of sleeping areas, and on all habitable floors.
- The unit has a properly maintained and charged fire extinguisher
- The unit provides a posting which provides emergency contact information and a floor plan indicating fire exits and escape routes, which shall be posted in a prominent location
- The unit has a sign provided by the Development Services Department that displays the contact information of the owner/designated operator, the license number, and occupancy limits
- Every sleeping area has at least one operable egress window per bedroom
- There is no overnight sleeping in outdoor areas
- The short-term rental complies with all requirements of Chapter 14, Sec 14.02.051 (p) of the Rockdale Code of Ordinances
- The establishment shall comply with the noise requirements set in article 8.03
- If the establishment is serving food, the facility meets all Texas Health Department Standards
- An evacuation plan is posted conspicuously in each sleeping area
- In R-1, R-1C, R-E, and R-2 zoning districts, no short-term rental type II facility is located within 500 feet of another licensed bed and breakfast or short-term rental type II facility.
- All outdoor lighting for residentially zoned establishments are directed toward the establishment and not at any adjacent properties, and not to exceed .2 footcandles.

**I hereby certify under penalty of perjury that the information included in this application is true to the best of my knowledge, and I have checked to determine that no deed restrictions apply to this property that conflict with this request.**

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Applicant's Name Printed

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Applicant's Signature

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Designated Operator's Name Printed

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Designated Operator's Signature

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Owner's Name Printed

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Owner's Signature