



Town of Preston
Planning and Zoning Commission
Short-Term Rental

ZP Application # _____	Date Submitted _____	Amount Paid \$ _____	Check # _____
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Zoning Permit Applications that need Planning and Zoning Commission Approval:
Section 16 of the Zoning Regulations, 16.19 Short-term Rental Requirements

Your application shall include a basic Zoning Permit application (this page), supplemental information, and signature page.

Please fill out this application completely. If the application is not properly completed with documentation submitted, as noted below, it will create unnecessary delays. Provide 8 copies of the plan with the application attached. In addition, provide the following:

- ___ 1. Fee of \$260.00 (\$200.00 Town application fee and \$60.00 State fee).
- ___ 2. Site/Plot Plan at an appropriate scale.
- ___ 3. Elevation drawings and floor plans of any proposed structures.
- ___ 4. Letter from the Department of Transportation for work within a state highway right-of-way, as applicable.
- ___ 5. Copy of property deed on file in the Town Clerk's Office.
- ___ 6. Copies of approval letters from all applicable agencies, i.e., IWWC or ZBA as applicable.

ALL APPLICATIONS REQUIRE A LEGAL NOTICE TO APPEAR IN THE PAPER AFTER THE COMMISSION TAKES ACTION. PLEASE NOTE THAT A PERMIT WILL NOT BE VALID UNTIL THE LEGAL NOTICE FEE IS PAID. THE AMOUNT OWED WILL BE NOTED IN YOUR FINAL ACTION LETTER FROM THE COMMISSION.

Name of Applicant _____
Telephone () _____ Cell Phone () _____
Address of Applicant _____ Email _____
Location of subject property _____
Property Owner _____
Telephone () _____ Cell Phone () _____
Address of Owner _____ Email _____

- a.) Please note the maximum length of stay for guest(s) _____
- b.) Please note the number of bedrooms, total number of beds, and maximum number of guests.
 - Bedrooms _____
 - Beds _____
 - Maximum number of guests _____
- c.) Will there be weekly trash removal YES ___ NO ___ (Location should be within an enclosed area.)
- d.) Please provide a letter from Uncas Health District providing a review of the septic system and well to ensure that they are adequate to serve the STR. *Please note the date of the Uncas Health District letter* _____.

- e.) Please provide the contact person and phone number for 24-hour contact to the Town of Preston staff:
- Name _____
 - Address _____
 - Email address _____
 - Cell phone/telephone () _____
- f.) The structure shall be inspected by the Building Inspector and Fire Marshal and shall meet all current Building Codes and Fire Codes, as applicable, as determined by the Building Inspector and Fire Marshal.
- g.) There shall be no outdoor events. All other outdoor gatherings shall be orderly and considerate of all neighboring properties.
- h.) Noise levels shall meet the State of Connecticut “Control of Noise” Regulations.
- i.) What is the sight distance for the driveway in both directions:
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- j.) Please provide a draft copy of the Rental Agreement.
- k.) Please provide a notarized letter signed by the owner/applicant that addresses the Section 16.19.2 of the Zoning Regulations (see attached form – a notary is available at the Preston Town Hall.

Provide any additional information, as needed:



Town of Preston

Application Signatures And Permission to Access the Site

All owners of the property must sign the application, unless the property is owned by a corporation, in which case a corporation is authorizing its signature to execute any documents required to be submitted with the application. By signing this application, permission is hereby granted by all owners of the property to file the attached application and authorizes Town of Preston representatives to enter onto the property at any time during the application process or during construction of the project for inspections, and for any other appropriate purposes.

Permits are not transferable unless the new property owner files all required permit transfer documents and/or applications, which are available from the Town Planner.

Applicant _____ **Date** _____

Print name _____

Owner _____ **Date** _____

Print name _____

Owner _____ **Date** _____

Print name _____

FOR TOWN USE:	
Date of Receipt by the PZC _____	Request for Extension(s) date _____
Referral Date to Town Staff _____	
<p>Departments</p> <p><input type="checkbox"/> Building Inspector</p> <p><input type="checkbox"/> Fire Marshal</p> <p><input type="checkbox"/> Zoning Enforcement Officer</p> <p><input type="checkbox"/> Uncas Health District</p> <p><input type="checkbox"/> IWWC</p> <p><input type="checkbox"/> CAC</p> <p><input type="checkbox"/> First Selectman</p> <p><input type="checkbox"/> Other _____</p>	<p>Date comments are received:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Short-Term Rental Agreement Applicant/Owner

To the Preston Planning and Zoning Commission:

As the owner/applicant of the Short-Term Rental, I/we agree to the following requirements outlined in Section 16.19 of the Zoning Regulations:

1. As the owner and applicant (I or we) agree to limiting stay at the property to three (3) weeks in a three-month period by the same party of guests.
2. The property will be kept in a neat and orderly manner, including trash/recycling areas.
3. A contact manager will be provided to the ZEO that will have the ability of addressing any non-compliance issues. In the event the contact manager changes, a new contact will be provided within 24 hours.
4. Any non-compliance issues will be immediately addressed in compliance with Section 16.19.6 of these Regulations.
5. There will be no outdoor events. All activities shall be orderly and considerate of all neighboring properties.
6. Noise levels shall meet the State of Connecticut "Control of Noise" Regulations.
7. There will be no on-street parking.
8. An annual renewal permit will be submitted in accordance with Section 16.19.2 of these Regulations.
9. The ZEO or an agent thereof (such as the Resident State Trooper or Town Planner) has the right to inspect the property at any time. A 24-hour notice will be provided unless there is a complaint of a neighborhood disturbance.
10. A guest register shall be maintained.

_____ Owner Date _____
Print Name

_____ Owner Date _____
Print Name

_____ Applicant Date _____
Print Name

Notary Public Acknowledgement

State of Connecticut, County of New London Seal:

I hereby certify that _____ appeared before me on this
_____ day of 20 _____ and signed this in my presence.

_____ My Commission expires on _____

Notary signature

Print name:

If this is a corporation, Corporate Seal is required.