



## SHORT TERM RENTAL (STR) PERMIT APPLICATION

This application is for the operation of a Short-Term Rental (STR) and is required for rentals covered by Chapter 14, Article XII “Short-Term Rental Registration” of the Code of Ordinances, City of Burleson, Texas. A separate application is required for each STR property. Every permit shall expire on the last day of the month one year after the date of issuance. No Short-Term Rental permit may be renewed without a completed renewal of the application and fee. Prior to the issuance of a permit, an inspection of the premises will be required.

### REQUIRED ITEMS

- Complete application form with adequate signatures and additional documentation.
- Permit application fee of \$150.
- All required documents to be digitally submitted to [Devserv@burlesontx.com](mailto:Devserv@burlesontx.com)

### The subject application shall contain the following:

- The physical address of the short-term rental residential premises.
- The number of bedrooms and the applicable overnight and daytime occupancy limit of the proposed short Short-Term Rental premises.
- The Owners name, address, email address, and telephone number.
- If the Owner is not a natural person, then the name, address, and email address of a natural person who has the legal authority to act for the Owner.
- The Operator’s name, address, email address, and telephone number.
- If the Operator is not a natural person, then the name, address, and email address of a natural person who has the legal authority to act for the Operator.
- The name, address, email address, and twenty-four (24) hour telephone number of a Local Contact Person.

### Additional Documentation to be provided:

- A statement that the Owner or Operator of the Short-Term Rental will comply with the requirements of this Article, including but not limited to, obtaining annual independent inspections of required fire extinguishers in compliance with the City's current Fire Code, and with all applicable state and local laws, and that the Owner or Operator shall be liable for any violations of applicable state and local laws.
- Dimensioned floor plan of the Short-Term Rental identifying Bedrooms, other living spaces, and emergency evacuation routes.
- When applicable, written verification from the Owner that the Operator is authorized to operate the Premises as a Short-Term Rental.
- Such other information as the City Manager or his designee deems reasonably necessary.

**APPLICANT**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Email Address: \_\_\_\_\_

**OWNER OF PREMISES**

Owner's Name (if corporation, type of corporation): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Email Address: \_\_\_\_\_

**OPERATOR OF PREMISES**

Check if same as Owner:

Operator's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Operator's Signature: \_\_\_\_\_ Email Address: \_\_\_\_\_

**24-HOUR CONTACT**

Check if same as Owner:  Check if same as Operator:  and indicate 24-hour contact number below.

24-Hour Contact's Name: \_\_\_\_\_

Address: \_\_\_\_\_ 24-Hour Telephone: \_\_\_\_\_

24-Hour Contact's Signature: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PREMISES INFORMATION**

Street Address: \_\_\_\_\_ Legal Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Occupancy Limit: \_\_\_\_\_

Type of Premises:

- Single Family Residential
- Unit in Duplex Residential
- Unit in Multifamily Building (total number of units at location): \_\_\_\_\_

Number of Off-Street Parking Spaces Provided: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Fee Paid: \_\_\_\_\_

Cash / Check / Money Order / # \_\_\_\_\_

Date Paid: \_\_\_\_\_

Receipt # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Date Entered: \_\_\_\_\_

By: \_\_\_\_\_