



Village of New Concord

Short Term Rental Permit Application

VILLAGE OF NEW CONCORD

2 West Main St
PO Box 10
New Concord, OH 43762
740-826-7671

Application # _____

Intake Date: _____

Information is available on our website:
www.newconcord-oh.gov

The undersigned applies for a Short-Term Rental Permit, said permit to be issued based on the information contained within and attached to this application. The applicant certifies that all information and attachments to this application are true and correct.

"Short-Term Rental" means any dwelling or guestroom that is rented in whole or in part for less than thirty (30) consecutive days for temporary lodging of persons other than the permanent occupant or owner, from which the permanent occupant or owner receives monetary compensation.

The undersigned is responsible for reviewing and abiding by the short-term rental policy.

Complete all relevant fields.

1. **Name of Property Owner/applicant:**

Business name (if any) _____

Address: _____

Phone Number: _____ Email: _____

2. **Address of requested short-term rental** _____

Zoned As: _____ [Zoning Map link](#)

Number of Bedrooms: _____

3. Do you live within 25 miles of the short-term rental? (circle one) Yes No

4. **On a separate sheet attach a copy of:**

- Your guest rulebook (Item O in Policy)**
- Vendors license (Item H-a in Policy)**
- Required affidavit (Item H-b in Policy)**



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- Proof of insurance. (Item H-c in Policy)**

These items are required before the short-term rental can begin operating.

Fees: an application fee of \$50 is due at the time of submission. If the application is approved, a license fee of \$500 will be due before opening business. This annual license fee will be due every year no later than January 31st.

Please submit this application to the Village of New Concord Zoning Officer located at 2 West Main Street New Concord, Ohio 43762

Signature of Applicant: _____ **Date:** _____

FOR OFFICIAL USE ONLY:

Date received by Zoning Officer: _____ Application Number: _____

Fee Paid Date: _____ Fee Amount: _____

Approved: _____ Denied: _____

If Approved, Permit Number: _____

Signed: _____ Date: _____
Zoning Officer or delegate