



TOWN OF JACKSON

OFFICE OF THE SELECTMEN

SHORT TERM RENTAL CONDITIONAL USE PERMIT APPLICATION

TOWN OF JACKSON

PO Box 268, Jackson, NH 03846

Julie Hoyt / townadmin@jackson-nh.org Phone: 603-383-4223 x 101 Fax: 603-383-6980

NOTICE: Using a dwelling unit for Short Term Rentals without a valid Conditional Use Permit will subject the property owner to fines and penalties outlined in RSA 676:17.

DATE OF APPLICATION: _____ PERMIT NUMBER ISSUED (OFFICE USE ONLY): _____

\$150.00 APPLICATION FEE PAID: YES___NO___(OFFICE USE ONLY)

PLEASE MAKE CHECK PAYABLE TO THE: TOWN OF JACKSON

PLEASE PROVIDE THE FOLLOWING:

CURRENT NH MEALS & ROOMS TAX LICENSE #: _____

PROOF OF CURRENT NH MEALS & ROOMS TAX LICENSE: YES___NO___(OFFICE USE ONLY)

COPY OF RENTAL ADVERTISEMENT LISTING NUMBER OF BEDROOMS: YES___NO___(OFFICE USE ONLY)

PROPERTY LOCATION: Village District____Rural Residential District____/ FOR RURAL RESIDENTIAL DISTRICT APPLICATIONS ONLY: PROOF OF SHORT TERM RENTAL USE *PRIOR TO MARCH 12, 2020* (PROOF SHALL BE IN THE FORM OF A DATED SHORT TERM RENTAL ADVERTISEMENT, SHORT TERM RENTAL MANAGEMENT CONTRACT, SHORT TERM RENTAL CONFIRMATION/RECEIPT, OR A DATED NH DEPARTMENT OF REVENUE DOCUMENT CONTAINING THE PROPERTY'S MEALS & ROOMS LICENSE #): YES___NO___ (OFFICE USE ONLY)

PROPERTY OWNER:

MAP: _____ LOT # _____ SUB LOT# _____

Name(s): _____

Property Address: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

PLEASE IDENTIFY A PERSON WITHIN THE STATE OF NEW HAMPSHIRE THAT THE PROPERTY OWNER AUTHORIZES TO ACCEPT SERVICE OF PROCESS FOR ANY LEGAL PROCEEDING THAT MAY BE BROUGHT AGAINST THE OWNER OF THE PROPERTY:

Name(s): _____

Address: _____

Phone Number: _____

Email Address: _____

AFFIDAVIT OF PROPERTY OWNER IN SUPPORT OF SHORT TERM RENTAL CONDITIONAL USE PERMIT APPLICATION

I, _____ (legal name of property owner), having been duly sworn, depose and state as follows:

1. I am the owner of the property located at _____ (physical address of property) (hereinafter referred to as the "STR Property"), and I am applying for a Short Term Rental Conditional Use Permit for this STR Property.
2. I have / have not (circle only one) used the STR Property as a Short Term Rental prior to March 12, 2020.
3. Smoke detectors and Carbon Monoxide (CO) detectors are installed at the STR Property in any and all areas defined by the NH State Fire Code and NH State Building Code.
4. I have read NH Dept. of Safety Informational Bulletin 2020-05 (Smoke Alarm Device Requirements in Dwellings) and Informational Bulletin 2020-06 (Carbon Monoxide Detection Devices in Single Family Dwellings), and all smoke detectors and Carbon Monoxide (CO) detectors installed at the STR Property are installed, maintained, and functioning consistent with these Informational Bulletins.
5. I have read NH Dept. of Safety Informational Bulletin 2020-03 (Secondary Means of Escape - Egress Windows & Doors), and all windows and/or doors designated for emergency egress at the STR Property are maintained and in operational order consistent with this Informational Bulletin.
6. No basement space of the STR Property shall be used as a sleeping area unless there are properly sized egress windows and/or doors conforming to the NH State Fire Code and NH State Building Code.
7. A functional fire extinguisher is visibly installed in any and all kitchen area(s) of the STR Property.
8. The maximum number of people that the STR Property will be advertised for in any published listing or other form of marketing shall be two (2) people for each bedroom listed on the town issued building permit (or, in the absence of a building permit, listed on the tax card) plus two (2) additional people.
9. All vehicles shall be parked at the STR Property and in designated parking areas.
10. I have provided proof of a current NH Meals and Rooms Tax license number for the STR Property.
11. I/We understand and accept that for Short Term Rentals in the Residential District, I/we must provide an annual rental list on or before January 31 for the preceding calendar year.

AND FURTHER, the Affiant sayeth not.

Dated: _____ (signature)

STATE OF _____
COUNTY OF _____
(printed name)

Personally appeared the above-named _____ who made oath that the foregoing statements made by her/him are true to the best of her/his knowledge, information, and belief.

Dated: _____

Justice of the Peace/Notary Public My
Commission Expires:

PLEASE READ AND SIGN BELOW

I/We understand and accept that a Short Term Rental Conditional Use Permit granted by the Town of Jackson, based upon this application, does not relieve me/us from having to comply with any Local Ordinances, State or Federal Laws.

I/We understand and accept that I/we, as the property owner(s), are responsible for trash removal, ensuring that all parking of vehicles is on site, occupancy limits are not exceeded, and any site-specific conditions imposed are satisfied.

I/We understand that my/our permit may be revoked for failure to comply with the Short Term Rental Ordinance or any conditions of approval. I understand that a first violation may result in a warning, a second violation may result in a civil penalty of \$275.00, and a third violation will result in a revocation of my/our Conditional Use Permit.

I/We understand that if my/our Conditional Use Permit is revoked, I/We may not apply for reinstatement for a period of three (3) months.

I/We understand that any nuisances or any other dangers to the public health reported by any lodgers/short-term renters or abutters may require an inspection pursuant to NH RSA 147:3.

I/We understand and accept that Rural Residential District Short Term Rentals are limited to 30 rentals per dwelling unit annually unless the unit or another unit on the same property is occupied by at least one full time resident¹.

I/We understand and accept that for Short Term Rentals in the Residential District, I/we must provide an annual rental list on or before January 31 for the preceding calendar year.

I/We hereby certify that the information provided in this Short Term Rental Conditional Use Permit Application is true and that I/We have read and understand the Town of Jackson Zoning Ordinance as it applies to the use of my/our property as a Short Term Rental.

I/We understand that a Fireworks Ordinance was adopted at the 2021 Annual Town Meeting and we have notified our lodgers/short-term renters and provided a copy of the ordinance to them.

Owner(s) Signature: _____ Date: _____

Owner(s) Signature: _____ Date: _____

Owner(s) Signature: _____ Date: _____

Approved by:

Board of Selectmen Approval: _____ Date of Approval: _____

¹ Subject to proof of prior existence, Short Term Rentals in existence in the Rural Residential District at the time of the adoption of this ordinance at the March 12, 2020 Annual Town Meeting shall be exempt from the restriction on the number of annual rentals.

WRITTEN COMMENTS ON THE APPLICATION BY THE JACKSON PLANNING BOARD

Phone: 603-383-4223