

ALTO LAKES SPECIAL ZONING DISTRICT

SHORT-TERM RENTAL APPLICATION

WWW.NMALSZD.COM

This application is to be completed by the property owner or managing agency or agent. The STR permit will be issued in the name of the property owner and is valid for two (2) years from the date of issue. It is NOT transferable. The fee for two (2) years is \$900.00. New application and completion of the process along with fees are due on or before the expiration date.

Property Owner name: _____

Mailing Address: _____

Phone and email address: _____

Property address of STR: _____

Subdivision: _____ Unit: _____ Block: _____ Lot: _____

Number of bedrooms: _____ Maximum guests: _____

Maximum number of vehicles: _____

Property Management and local 24 hour contact: _____

I certify that all the property owners within 20 feet have been notified via certified letter of the intent to use this property for a short term rental, and I have followed all of the procedures and will supply all the necessary contact information to each guest.

Signature: _____ Date: _____

This portion for ALSZD use only. This page **MUST** accompany the STR application.

Application received: _____

Local 24 contact verified: _____

Certified letters sent out: _____

Compliance Inspection completed: _____

Expiration Date: _____

Fee paid: _____

STR permit issued: _____ Permit #: _____

Expiration Date: _____

Maximum guests: _____ Maximum vehicle: _____

Permit issued by: _____ date _____