

Short-Term Rental Application

Subject Property Address: _____

Principal Operator of Short-term rental: _____

Mailing Address: _____ Email Address: _____

_____ Telephone #: _____

Name of Property Owner: _____

Mailing Address: _____ Email Address: _____

_____ Telephone #: _____

Number of people currently living at the property: Adults _____ Minors _____

Do you anticipate exceeding \$100,000 in Short-Term Rental income annually? _____ (Y / N)

REQUIRED APPLICATION SUBMISSION MATERIALS

- _____ Application fee in the amount of **\$200** payable by either check, cash or credit card;
- _____ **Two forms of identification** with address displayed to establish primary residency at the location of the proposed short-term rental. Acceptable forms include a government-issued ID, mortgage or lease documents, or other forms deemed appropriate by the zoning administrator;
- _____ Written authorization or signature from the property owner if the primary resident is not the property owner;
- _____ A site plan indicating the number and location of off-street parking spaces
NOTE: A minimum of **TWO** parking spaces are required for any single family detached application **OR**
A minimum of **ONE** parking space is required for a townhouse or condo application;
- _____ Proof of notification to the homeowners association or condo association of intention to operate a short-term rental, if applicable

For Office Use Only

Received By:		
<input type="checkbox"/> Application Fee \$ _____		
Taxes Status: <input type="checkbox"/> Paid <input type="checkbox"/> Delinquent		
Tax Map Reference:		
Case #:	Zoning District:	

SHORT-TERM RENTAL OPERATOR CERTIFICATION

As an **OPERATOR**, my signature on this form certifies that I understand the requirements of the Short-Term Rental Permit, all information is true and accurate, and that I agree to the following:

1. To abide by the standards set forth in Section 78-80.4(u) and any other applicable requirements of the Zoning Ordinance and to any other applicable federal, state and local laws and regulations, whether related to the building in which the use is conducted or to the use itself.
2. That the dwelling will be open for inspection by Town personnel during reasonable hours and with reasonable notice.
3. That I acknowledge that the application property may be located within an area that is subject to additional restrictions pursuant to covenants, bylaws, regulations, or other limitations imposed pursuant to the Property Owners' Association Act, Condominium Act, or the Virginia Real Estate Cooperative Act. As such, I acknowledge that issuance of this Permit **DOES NOT** abrogate, nullify, override, or otherwise have any effect on the applicability of any such regulations, declarations, or limitations applicable to this property. Compliance with any such regulations, declarations, or limitations is the responsibility of the Operator/Owner.
4. File a monthly Transient Occupancy Tax (TOT) and remit the tax amount due to the Town of Herndon Finance Department and the Fairfax County Department of Tax Administration on or before the last day of the month following the reporting month. A monthly return must be filed even if no taxes are due.

I certify that I understand the requirements of the Short-Term Rental Permit and will comply with all limitations set forth in the Zoning Ordinance and any other applicable regulation, limitation, or requirement.

I affirm that I have the right to reserve the parking spaces indicated on my submitted plan.

Signature of Operator

Date

PROPERTY OWNER CERTIFICATION (if applicable)

I certify that I am the owner of the property identified on this application and I consent to the use of the property for Short-Term Lodging, as will be operated by the applicant identified herein. I acknowledge that any violation related to Short-Term Lodging is deemed to be a violation by both the Operator and the Owner.

Signature of Property Owner or Agent of Owner

Date

Apply in person or by mail to: Town of Herndon
Department of Community Development
777 Lynn Street
Herndon, Virginia 20170
Phone Number (703) 787-7380

Approval of your application is contingent upon the provision of all required information and is granted only to the Operator (Applicant) identified herein. Additional information may be requested to verify compliance with the short-term rental regulations. This Permit is not transferable to any other resident, address, or use of the property. Violation of any of these limitations may be cause for revocation of this approval.

This permit is NOT an authorization to create a second dwelling unit.

You may not convert basements or other non-traditional spaces to sleeping rooms unless those rooms comply with the most current building code. Converting a basement room to a bedroom, for example, minimally requires a second means of egress, such as an emergency egress window.

The undersigned hereby applies for and requests approval of a Short-Term Rental under the provisions of § 78-80.4 (u) of the Herndon Town Code. I hereby affirm and certify that:

- *The information provided on this form is true and correct to the best of my knowledge.*
- *The requirements associated with this application have been read and are understood.*
- *The use and occupancy of buildings and/or the use of land noted above is proposed in conformance with all provisions of the Town of Herndon, Virginia Zoning Ordinance regulations to the best of my knowledge.*

Signature of Applicant

Date

Printed Name of Applicant

For Office Use Only

ZONING ADMINISTRATOR APPROVAL: _____

SHORT-TERM LODGING PERMIT NUMBER: _____

ADDRESS VERIFICATION DOCUMENTS: _____

PERIOD OF VALIDITY: _____

This Permit expires without notice at 11:59 p.m. on the last day of the period of validity.