



TOWN OF CHESTER

SHORT-TERM RENTAL (STR) REGISTRATION APPLICATION

Preston Bristow, Town Planner and STR Administrator
Town Hall, 556 Elm Street, P.O. Box 370, Chester, VT 05143
(802) 875-2173 Fax (802) 875-2177 Email: zoning@chestervt.gov

Owner Information

Name: _____

Phone: _____ Email: _____

Mailing Address: _____

Ownership is a Corporation or Partnership: Yes No

(If yes, contact STR Administrator at contact information above; if no, complete information below)

Driver's License Number: _____ License State: _____

Date of Birth: _____ On Active Duty in U.S. Armed Forces: Yes No

Host (Operator or Manager) Information

(Owner or Tenant can be Host)

Name: _____

Management Company (if applicable): _____

Cell Phone: _____ Email: _____

Address: _____

Host is located within Windsor or Windham County: Yes No

(If no, contact STR Administrator at contact information above)

Rental Property Information

Physical 911 Address: _____

Nature of Rental: whole house, rooms in house, condominium, apartment,
 accessory dwelling, cabin, other (explain: _____)

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Rental Occupancy

Number of requested bedrooms: _____ times 2 occupants per bedroom: _____

Option to add plus 2 additional occupants (enter 2 or 0): _____

Requested Short-Term Rental Occupancy: _____

Checklist of Supporting Documents

(all boxes that apply must be checked)

State Wastewater and Water Supply Permit and/or Chester Zoning Permit indicating number of approved bedrooms. Check here if septic system pre-dates 1975 and provide evidence of the number of bedrooms on 12/31/2006.
For rentals with a capacity greater than 8 occupants, provide copy of permit(s).*

An inspection report from the Vermont Division of Fire Safety (for rentals with a capacity greater than 8 occupants). Check here if capacity is 8 occupants or less.
For rentals with a capacity greater than 8 occupants, provide copy of inspection report.*

The "Short Term Rental Safety, Health and Financial Obligations" form found on the Vermont Division of Fire Safety website has been completed and posted within the rental unit. *See:* <https://firesafety.vermont.gov/buildingcode/codesheets>

**Copies do not have to be provided if required documents are confirmed by the STR Administrator to be on file at the town offices.*

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| <h2>REGISTRATION FORM VERIFICATION</h2> |
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Boxes must be checked, and form must be signed and dated.

- I declare that the information contained in this application is true and correct to the best of my knowledge.
- I understand that advertising this short-term rental unit for more than the maximum number of approved occupants (guests) is a violation of the Town of Chester Ordinance to Regulate the Operation of Short-Term Rentals.
- I declare that I have liability insurance of not less than \$1,000,000 specific to the renting of short-term vacation rentals, or that such short-term rental insurance is offered through a hosting platform that maintains equal or greater coverage.

Signature of Owner or Host: _____

Printed Name: _____ Date: _____

ANNUAL SHORT-TERM RENTAL REGISTRATION FEES

A separate application must be submitted and a separate fee paid
For each short-term rental unit

| SHORT-TERM RENTAL UNIT: | FEE: |
|---|----------|
| “Hosted” meaning a room or group of rooms located within a Host’s primary residence or an accessory dwelling or cabin on the premise of the Host’s primary residence. | \$150.00 |
| “Unhosted” meaning a furnished house, condominium, apartment or an accessory dwelling or cabin that is not the Host’s primary residence or located on the premises or property of the Host’s primary residence. | \$300.00 |

Amount Paid: \$ _____

Payment and Delivery Methods

- Credit Card via the paygov.us application available on the home page of the chestervt.gov website. A fee of 3% will be charged.
- Check (check # _____) mailed or delivered with the application.
- Cash hand-delivered or in sealed envelope placed with application in secure drop box at town offices (Door on the right-hand side of the town hall front porch).
- Call the Town Clerk at 802.875.2173 to give checking account information (no fee will be charged) or a credit card number (which charges a 3% fee).

Deliver the application ·via fax at 802.875.2177, ·via e-mail to zoning@chestervt.gov, ·via USPS at PO Box 370 Chester VT 05143, ·by bringing it to the Town Hall during business hours: 8:00 AM – 12:00 PM and 1:00 PM – 4:00 PM M – F or ·by dropping it in the secure drop box in the door on the right-hand side of the town hall front porch.

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| OFFICE USE ONLY | Date Received: | Application #: | Parcel ID: |
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