

**TOWN OF LAKE LURE
VACATION RENTAL OPERATING PERMIT APPLICATION**

Review Fee: \$300

Permit No. VROP-

<i>Official Use Only</i>	
Approved: _____	_____
	Zoning Administrator
Rejected: _____	Date: _____

Property Owner:

Name: _____

Address: _____

Mailing Address: _____

Daytime Phone: _____ Email: _____

Rental Manager or 24/7 Emergency Contact:

Name: _____

Vacation Rental Company: _____

(If applicable)

Mailing Address: _____

Phone Number: _____

Email: _____

Physical Location (Est. time to property): _____

Marketing Name of Residence (If applicable): _____

Information Regarding the Residence:

Street address: _____

Tax/Parcel PIN: _____

Zoning District: _____ Number of Bedrooms: _____ Proposed Occupancy: _____

Additional Required Documents:

_____ A **Site Plan** that identifies the location, and size of off-street parking spaces. A site plan can be drawn on a satellite image, photo, or with dimensions of the residence in relation to nearby roadway(s). One parking space is required per two bedrooms.

_____ Copy of the Rutherford County **Property Information Card** can be obtained by visiting <http://lrcpwa.ncptscloud.com/Rutherford/> , entering the name of the property owner, and then selecting “Building Summary”. If additional bedrooms have been added to the residence and not inspected by the Rutherford County Appraiser, the additional bedrooms cannot be permitted until the property card is updated.

_____ Copy of an **Authorization of Agent Form** is required if the applicant is not the property owner to give authorization to another person or rental company to act on their behalf.

_____ Copy of a **Standard Rental Agreement**.

_____ Registration with the **Rutherford County Tourism Development Authority** is required and can be completed by contacting the Rutherford County Finance Department at 828-287-6086, or emailing holly.keever@rutherfordcountync.gov.

_____ If property includes the use of a boat on Lake Lure, proof of a valid **Town Commercial Boat License** is required. For an application, contact cs@townoflakelure.com.

_____ If the property is connected to Town sewer system, a **certification letter** from a qualified licensed professional (plumber), that the connection to the Town’s system is operational and free of detectable leaks is required.

Note: Once the submitted application is complete, an initial inspection to confirm compliance with the Town’s Zoning Regulations will be scheduled.

I hereby swear (affirm) that this application for a Residential Vacation Rental Operating Permit, along with all supporting documentation, is accurate and correct to the best of my understanding and knowledge and I agree to comply with all requirements of the Town of Lake Lure Zoning Regulations. I also acknowledge that I am aware of the occupancy restrictions on the use of the property as a residential vacation rental and agree to abide by those restrictions.

_____ Date: _____

Property Owner Signature **(Required)**

_____ Date: _____

Rental Manager/Agent Signature

EXPIRATION OF PERMIT

If the use of the property as a residential vacation rental has not commenced within six months of the date of the issuance of the certificate of zoning compliance, the certificate of zoning compliance shall become invalid. Once established, this status is also forfeited if there is no vacation rental activity at the home for a period of five years.