



DEPARTMENT OF PLANNING SERVICES
124 10th STREET
P.O. BOX 775088
STEAMBOAT SPRINGS, COLORADO 80477
(970) 879-2060

USE WITH CRITERIA (CR) CHECKLIST FORM

A completed Application Form must accompany this form.

SHORT TERM RENTAL

Applicant Name: _____ Date: _____

Applicant Address: _____
Phone: _____

Owner's Name/Address/Phone (If different from applicant): _____

Zoning: _____

Address/Legal Description of CR: _____

Are the following attached:

- Submittal requirements: Yes No

The proposed **SHORT TERM RENTAL** use meets all of the following criteria:

_____ Review shall be prior to development or building permit, as applicable.

_____ **Licenses.** All Short Term Rentals shall have a State of Colorado & City of Steamboat Springs sales tax license as required by the Municipal Code. Copy must be included with this application.

_____ **Contact Person.** Each owner of a Short Term Rental shall provide the Director with information regarding the name, address, and telephone number of a contact person who can be on the Short Term Rental site within four (4) hours to respond to problems. The information shall be updated as necessary.

I understand that I must maintain compliance with all of the criteria listed above.

Signature of Applicant: _____ Date: _____

<p>For Office Use Only: Use with Criteria received by: _____ Date: _____ Is a Use with Criteria fee applicable? Yes _____ No _____ If yes, Fee Paid? Yes _____ No _____ Check # _____ Form and Submittals Complete: Yes _____ No _____ Use with Criteria Approved: Yes _____ No _____ Date: _____ Signature of Director: _____</p>

***** PLEASE NOTE *****

**ALL SHORT TERM RENTALS
Must Register For the Routt County Personal Property Tax
For More Information Please Contact
Routt County Assessor's Office
970/870-5544**