



**TOWNSHIP OF WEST MILFORD
SHORT TERM RENTAL (STR)
PERMIT APPLICATION**

1480 UNION VALLEY ROAD, WEST MILFORD, NJ 07480
973-728-7000 MAIN #, 973-728-2704 FAX

Date of Registration: _____

Permit #: _____

Complete one (1) registration form per property with the requested information and return to the Township Clerk with fees and all mandatory attachments.

Fee and registration remain valid for one year from the date of issuance and shall be renewed annually.

Address of Unit to be used as a Short-Term Rental

Address: _____

Block: _____ Lot: _____ Is property a condominium? Yes No (See mandatory attachment)

Property Owner(s) Information

Name: _____ Identification: _____
(Drivers' License #)

Address: _____

City _____ State _____ Zip _____ Phone #: _____

Received Ordinance: Yes Reviewed & Understand Ordinance Requirements (A sworn statement must be submitted with application)

E-mail: _____

Non-Natural, Other Entities (Partners, Officers and/or Directors)

Name: _____ Phone #: _____

Address: _____

City _____ State _____ Zip _____ Phone #: _____

Received Ordinance: Yes Reviewed & Understand Ordinance Requirements _____

E-mail: _____

Short-Term Rental Agent, Property Agent or Responsible Party Assuming Responsibility

If property owner is not going to be present or assume liability for the activities in & maintenance of the STR on a 7 day a week basis, 24 hours a day, then list below the STR Property Agent or STR Property Responsible Party who will assume this responsibility.
Written certifications from the STR Property Agent & Responsible Party pursuant to Section 285-13. (mandatory attachment)

Name: _____ Phone #: _____

Address: _____

City _____ State _____ Zip _____ Phone #: _____

Received Ordinance: Yes Reviewed & Understand Ordinance Requirements _____

E-mail: _____

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MANDATORY INFORMATION & ATTACHMENTS WITH APPLICATION (Please check all that apply)

- | | |
|---|--|
| 1) Letter of approval & mail certification by condo association or lake association must be submitted with application. (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Any prior revocations or suspensions on this license or similar license?
Sworn statement of no prior revocations or suspensions | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Liability Insurance Certificate minimum amount \$1,000,000.00
Pursuant to Section 285-13.2.F(11) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) <u>Fire Certification</u>
Premises have required Smoke & Co2 Alarms & Fire Extinguishers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) <u>Zoning Compliance Certificate</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6) Written Certification STRP Owner is current
With all taxes, codes abated, fines are satisfied | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7) Number & location of parking spaces:

_____ | |
| Owner(s) certifies that renters will not use on-street parking, unless no off-street parking is available. Where no off-street parking is available, on-street parking regulations apply. | |
| 8) Required Fee
Pursuant to Section 285-13.E(b.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9) Written certification from STR Property Agent & Responsible Party
Agree to perform all of respective duties specified in Section 285-13 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10) Copy of letter of certification provided to the Lake Association
Must be submitted with application. (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please check one: Make payment payable to Township of West Milford

Initial Registration Fee \$500 1st year (\$500 annually thereafter)

Amendment to Registration (Fee: \$0)

Removal – Property is no longer STR (Fee: \$0)

Sold – Insert Closing Date _____

Required Attachments - ENSURE ALL MANDATORY ATTACHMENTS ARE SUBMITTED WITH APPLICATION

Owner(s)/STRP Agent/Responsible Party agree to use his or her best efforts to assure that use of the premises by all Transient Occupants will not disrupt the neighborhood and will not interfere with the rights of neighboring Property Owners to the quiet enjoyment of their properties.

I certify that the foregoing statements made by me are true.

Owner/STRP Agent/Responsible Party Signature Print Name Date: _____

EMAIL: _____

For Municipal Office Use Only:					
Initial Application / Renewal: In-Compliance		Removal:		Change of Information	
_____	_____	_____	_____	_____	_____
Date	Enforcement Official	Date	Enforcement Official	Date	Township Clerk