



CITY OF LANCASTER
SHORT TERM RENTAL REGISTRATION
APPLICATION
PLEASE PRINT CLEARLY



Date : _____

Annual Registration (\$125.00 fee)

Property Address: _____

Inspection Access Code/Entry Instructions: _____

Is property occupied by Agent/Owner? _____ Are utilities active? _____ (Utilities must be active to perform inspection)

Inspection Date Requested: _____ or call (972) 227-2994 to schedule an inspection

You must attach a copy of your current state Driver's License.

Name of Bed and Breakfast or Company: _____

Owner of Property or Agent/Officer of Company: _____ Title: _____

(Agent/Officer of the company is the Property Owner, President, Vice President, CEO, or Corporate Secretary. This person will be held responsible for compliance with all City codes and ordinances)

Address: _____ City: _____ State: _____ Zip: _____

Contact Number: _____ Fax: _____ Cell: _____

Email Address: _____

Number of Rental Bedrooms _____ Total Occupancy (including Owner/Agent) _____

Any changes to the owner, property/resident manager or lender are required to be submitted to the Building Official within ten (10) days of any change in ownership, lender or management. Note: A name change or change of ownership requires an inspection by a Building Inspector before the utilities can be released.

PLEASE REFER TO CITY OF LANCASTER ORDINANCE NO. 2018-11-45 FOR THE FULL CONTEXT OF REGULATIONS REGARDING THE OPERATION OF A SHORT TERM RENTAL FACILITY.

A COPY OF THE DRIVER LICENCE OF THE PERSON REGISTERING IS REQUIRED TO BE SUBMITTED WITH THIS REGISTRATION FORM.

Personnel authorized to obtain a permit under this company name: (use company letterhead for additional names):

Original Signature of Owner or Officer of Company

Printed name of Owner or Officer of Company