

Short Term Rental Permit Application Town of Cape Elizabeth Maine

Application#:	Date Issued:	Permit#:	Fees: \$0.00	Paid By:	Date Paid:
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Location of Property:	Parcel ID:
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Owner's Name(s):	Owner's Address:
Owner's Phone:	City ST Zip

Check here if same as owner

Applicant's Name:	Applicant's Address:
Applicant's Phone:	Cell Phone:
Applicant's Email:	

Secondary Contact Information

Secondary Name:	Secondary Address:
Secondary Phone:	Cell Phone:
Secondary Email:	

**Application fee December 31 - January 31 is \$500
All other times the fee is \$1,000.00**

Homestead Exemption: Yes * No *

Property is: Primary Residence Hosted Primary Residence Unhosted 7 Acres Plus Rental Short Term Rental Adjacent

Availability: (When during the calendar year will the short term rental be available?)

(If availability changes, please notify the Code Enforcement Officer.)

Check here if you received a Short Term Rental Permit last year and there were no material changes in your property:

Attachments Required

- Floor Plan
- Building Evacuation Plans
- Parking Plan Sketch (1 space per 2 guests)
- Rental Agreement Addendum

Code Compliance

- Smoke Alarms
- Carbon Monoxide Alarms
- Portable Fire Extinguisher
- Means of Illumination

Sanitary Waste Disposal: Public Sewer Private Septic (Upload/Submit HHE200 Form)

Number of Existing Bedrooms:	Number of Additional Sleeping Spaces:
Number of Tenants Proposed:	Total Number of Tenants Allowed:

BY TYPING MY NAME BELOW I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS THEIR AGENT. I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. IN ADDITION, IF THIS PERMIT IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR HIS REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER ALL AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR FOR THE PURPOSES OF INSPECTING FOR COMPLIANCE

Signed: *

Date:

To obtain a copy of the Regulations in the Zoning Ordinance Effective 5/12/2021, [Click Here](#)