

## Town of Fairlee

### Check List for Short Term Rental Conditional Use Applications

Please include these items with the application forms

\_\_\_\_\_ **Self inspection report from the Fire Safety Division of the Vermont Department of Labor and Industry.**

*Form attached to packet. Contact the Waterbury Regional Office (802) 479-4434 for more information.*

\_\_\_\_\_ **State of Vermont Agency of Natural Resources Wastewater Permit or an as built report for a licensed designer**

*Capacity limits are based on the bedroom count on this document, two guests per permitted bedroom.*

\_\_\_\_\_ **Complete Site Plan indicating one parking spot onsite for each bedroom, location of trash receptacles and any prominent features on the property**

*A professional scale drawing is recommended but not required, any submission shall be legible, accurate, and complete.*

\_\_\_\_\_ **Brief narrative of your business plan**

*How many weeks a year do you plan to book guests, on what sites are you going to advertise, what is your meals and rooms tax number, do you have a liability insurance binder to cover damages to neighboring properties caused by your guests?*

\_\_\_\_\_ **Complete application forms**

*If we have an A-1 general information form on file please make sure it is up to date, otherwise submit an A-1, a Z-1 zoning permit application for residential uses, and a Conditional Use Application.*

\_\_\_\_\_ **Your fees**

*Fees for the DRB hearing, conditional use permit, and zoning permit are \$165, there will be an annual fee of \$35 for licensure and registration through the Selectboard.*

## Short Term Rental Safety, Health and Financial Obligations

### Contact Information

**Department of Health: 802-863- 7221**

**Division of Fire Safety: 802 479-7561**

### Instructions

The short term rental operator shall post within the unit a telephone number for the persons responsible for the unit and the contact information for the Vermont Department of Health and the Vermont Division of Fire Safety. This form shall be completed by the short-term rental operator and retained on site. The form need not be filed with the department.

### SHORT TERM RENTAL OPERATOR INFORMATION

Operator(s) Name (Print):		Number of Rooms Rented:
Physical 911 Address of Property:		Type of Heating System:
Mailing Address:		Public or Private Water:
Cell phone number:	E- Mail:	Tax Account Number:

### Division of Fire Safety General Checklist ([www.firesafety.vermont.gov](http://www.firesafety.vermont.gov))

- Smoke and carbon monoxide alarms are provided in accordance with the attached fire safety info sheet.
- GFI Outlets are provided in locations identified on the attached fire safety info sheet.
- Every sleeping room is provided with a secondary means of escape (see attached fire safety info sheet).
- Heating systems (fuel and wood) have been inspected by a certified fuel service technician (see info sheet).
- Landings, decks, porches and balconies higher than 30 inches from grade are provided with guards and rails.
- Stairs must be provided with graspable handrails (see attached fire safety info sheet).

### Health Department General Checklist ([www.healthvermont.gov](http://www.healthvermont.gov))

- Appliances are operational and in good repair and hot and cold potable water have been supplied.
- Guest rooms have been serviced and cleaned before each new guest.
- Refuse containers are available and emptied at least once each week or more frequently, if necessary.
- Swimming pools, recreational water facilities, and hot tubs are kept sanitary and in good repair.
- Sewage system and toilets function and are in good repair.
- Toxic cleaning supplies are properly labeled, safely stored and used according to the manufacturer's directions.
- Guest rooms are free of any evidence of insects, rodents, and other pests.

### Tax Department General Checklist ([www.tax.vermont.gov](http://www.tax.vermont.gov))

- Meals and rooms taxes are filed and paid by a third party. I do not need a Vermont tax account.
- Meals and rooms taxes are **NOT** filed and paid by a third party. I have a Vermont tax account.
- The Vermont Meals and Rooms Tax license is displayed in each rental unit.
- My income from these activities is included on my income tax return.
- I file and pay Vermont Sales Tax for any tangible items I sell.

Signature of Short Term Rental Operator

Date



## Fire Safety Considerations for Short-Term Rental Operators

For detailed information on providing and maintaining a safe short-term rental, please visit our home page [www.firesafety.vermont.gov](http://www.firesafety.vermont.gov)

### Smoke Alarms

- Photoelectric type smoke alarms are required in the immediate vicinity of sleeping rooms, inside each sleeping room, and on all floor levels including the basement. All newly installed smoke alarms must be hard wired into the buildings electrical system.
- Smoke alarms in sleeping rooms of buildings constructed prior to 1994, may be of the 10-year photoelectric lithium powered tamper resistant type.

### Carbon Monoxide Alarms

- Outside each sleeping area in the immediate vicinity of the bedrooms. An additional detector shall be installed in each sleeping room that contains a fuel- burning appliance.
- Carbon Monoxide alarms installed or replaced in a dwelling after July 1, 2005 must be directly wired to the building electrical service and have a battery backup.
- Existing One and Two family dwellings constructed prior to July 1, 2005 may use plug in style alarm with battery backup or battery power or you may hardwire.

### Guard and Handrails

- Landings, decks, porches or platforms more than 30 inches of grade must be provided with guards and intermediate rails spaced no more than 4 inches apart.
- Graspable handrails must be provided on all stairs.

### Electrical Safety:

Ground Fault Current Interrupters (GFCI) are required in the following areas;

- Bathrooms, garages and accessory buildings having a floor located at or below grade level, not intended as a habitable room and limited to storage. Work areas, outdoors, crawl spaces, unfinished portions or areas of the basement not intended as a habitable room. Kitchen, where the receptacles are installed to serve countertop surfaces and sinks and where the receptacles are installed within 6ft from the top inside edge of the bowl of the sink. Boathouses and bathtubs or shower stalls, where receptacles are installed within 6ft of the outside edge of the bathtub or shower stall and laundry areas.

### Secondary Means of Escape from Sleeping Rooms

- Every sleeping room must be provided with a primary and secondary means of escape.
- A window meeting rescue and ventilation requirements can satisfy the secondary means of escape.

### Heating System Safety

- Oil, gas, wood, wood pellet and kerosene fuel fired heating systems shall be cleaned and maintained in accordance with manufacturer's installation instructions and shall be inspected at least once during any 2-year period by a certified fuel service technician or Chimney sweep in the case of solid fuels.

For additional details and information, visit the Code Information & Hot Topic Fire Safety Sheet section of our web page.

<https://firesafety.vermont.gov/buildingcode/codesheets>

1311 US Route 302-Suite 600 Berlin . Barre, VT 05641 . [firesafety.vermont.gov](http://firesafety.vermont.gov) 802-479-7561

August 2018

Town of Fairlee
P.O. Box 95, Fairlee, VT 05045
802-333-4158

Tax Parcel # \_\_\_\_\_

Application # \_\_\_\_\_

Application(s) Applying For:

Check all that apply and be sure to insert, attach and complete all applicable forms:

- Zoning/Building Permit (Form Z-1)
Zoning Variance (Form VAR-1)
Zoning Waiver (Form W-1)
Conditional Use (Form CU-1)
Appeal of ZA Decision (Form APPL-1)
Subdivision Review (Form SUB-1)
Site Plan Review (Form S-1)

Please note: No land development may begin without a zoning permit issued by the Zoning Administrative Officer.

Record Title Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

Applicant (if different from owner): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

Property Information: (Some property and abutter information can be obtained at the Town Offices.)

Is this land in the Flood Plain?
Zoning District: (from the ZA):
Lot Class (A or B from the ZA):
Lot Size:
Road Frontage:
Road Name:
Property is on: North South East West side of the road.
Deed Information: Book #, page
Deed Restrictions (explain):

Describe present use of property:

Is property in the Vermont Land Use Program? Yes No

List any existing zoning permits and/or land use permits:

Describe water supply system:

Describe septic system, do you have a state wastewater permit?:

Please continue on page 2 (over) --->

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Date application received: Received by: Zoning Administrator

Application complete? Yes No (explain)

Date completed application received: Fee(s) paid?

**Abutters:** Please request an abutters report from the Zoning Administrator or the Listers Office. An abutters list is required for a complete application and the processing of your forms.

**If Agent is assigned:**

I, \_\_\_\_\_, owner of the property hereby designate \_\_\_\_\_  
As my agent for the purpose of procuring the necessary local permits for the proposed work as described in this application.

Representations made by the above named agent may be accepted as though made by me personally, and I understand that I may be bound by any official decision made on the basis of such representations.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Acceptance by Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification of Applicant:**

The undersigned hereby certifies that the information submitted in this application regarding the property is true, accurate, and complete, and that the Applicant has full authority to request approval for the proposed use of the property and any proposed structures. By my signature I shall allow the Zoning Administrator access to the property at reasonable times for purposes of evaluating this application and ensuring compliance with both standard and special conditions on any resulting permit.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE: SIGNATURES ARE REQUIRED FOR A COMPLETE APPLICATION.**

**DEVELOPMENT REVIEW BOARD: APPLICATION FOR CONDITIONAL USE PERMIT**

P.O. Box 95, Fairlee, Vermont 05045  
802-333-4158

Tax parcel # \_\_\_\_\_

Permit # \_\_\_\_\_

Record Title Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant (if different than owner): \_\_\_\_\_

Phone: \_\_\_\_\_

Provision of Zoning Ordinance in question: \_\_\_\_\_

Change from: \_\_\_\_\_  
(Present use)

To: \_\_\_\_\_  
(Proposed use)

**The following must be submitted with this application:**

1. Application Form A-1.
2. Copies of approved Sewage and Access Permits when applicable.
3. A complete copy of any Zoning/Building Permit (Form Z-1) if relevant to this matter.
4. A plot plan (see Instructions and an Example Plan on reverse of this sheet).
5. Fee: \$100.00 + \$15.00 recording fee.

By my signature I shall allow the Zoning Administrator access to the property at reasonable times for purposes of evaluating this application and ensuring compliance with both standard and special conditions on any resulting permit.

Signature of Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Fee Paid: \_\_\_\_\_  
Date and Signature of Authorized Town Official

Date of DRB Decision: \_\_\_\_\_

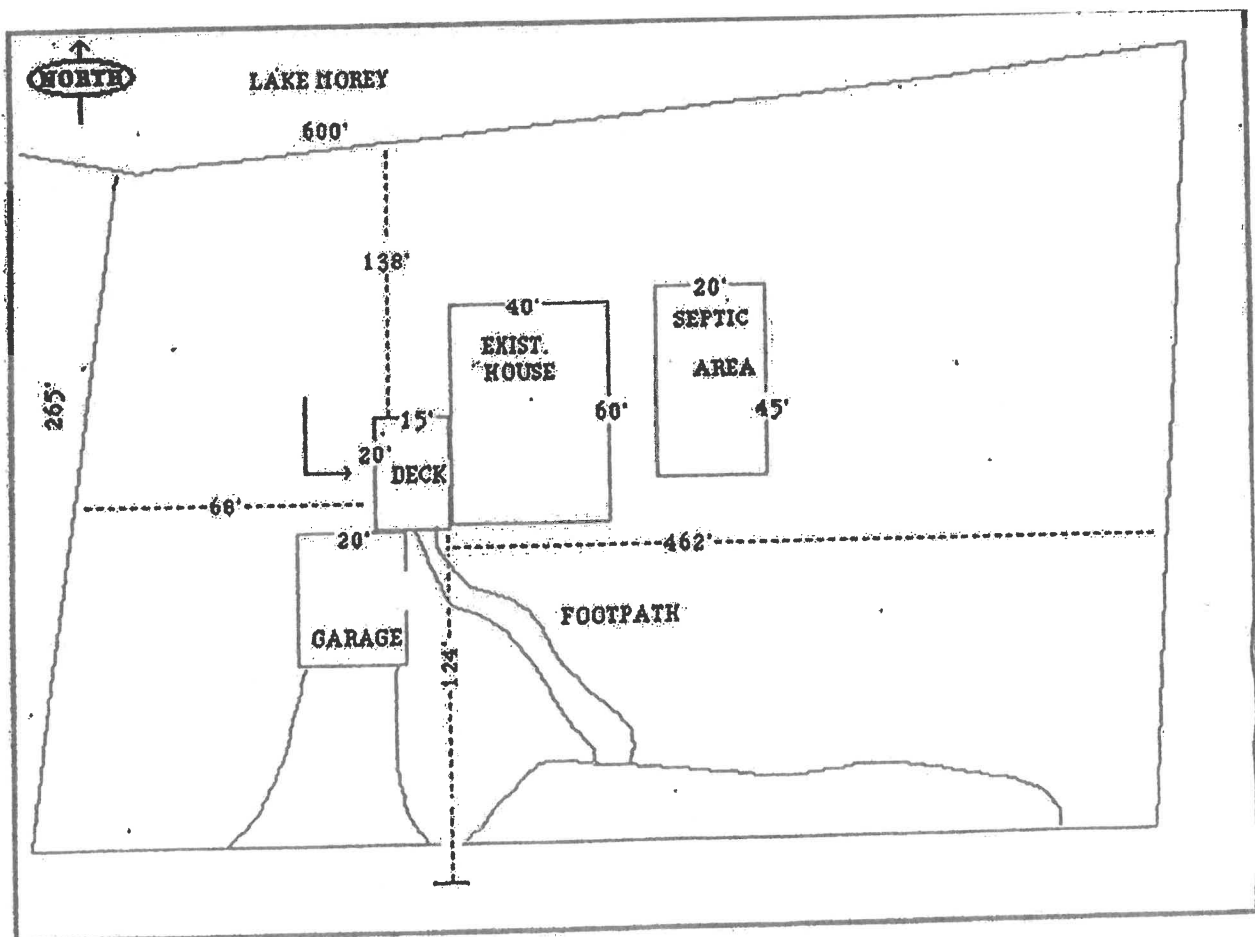
Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Other Action: \_\_\_\_\_

Building/Zoning Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

## PLOT PLAN INSTRUCTIONS AND EXAMPLE:

A plot plan is required to complete your permit application. The following items must be included:

1. Location of property. Show roads, by name, and any natural landmarks. Indicate NORTH on your drawing.
2. Show the names of abutters to all sides of your property, including those across the road.
3. Indicate buildings by exterior dimensions (include foundation footprint and drip edge dimensions). The map should be drawn to scale and the scale indicated. All dimensions given should be accurate.
4. Show the location and size of the septic system and water supply system (including municipal water).
5. Show the location of driveways and parking areas. Indicate traffic flow.



**FAIRLEE ZONING/BUILDING PERMIT APPLICATION**

P.O. Box 95, Fairlee, Vermont 05045  
802-333-4158

*Residential structures and uses only*

Tax parcel # \_\_\_\_\_

Application # \_\_\_\_\_

Record Title Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant (if different than owner) \_\_\_\_\_

Phone: \_\_\_\_\_

Property Location: \_\_\_\_\_

Email: \_\_\_\_\_

Nature of Construction: \_\_\_\_\_ NEW \_\_\_\_\_ RENOVATION \_\_\_\_\_ ADDITION  
\_\_\_\_\_ HOME OCCUPATION \_\_\_\_\_ OTHER (explain): \_\_\_\_\_

Explain type of work or proposed use (be specific):

Dimensions of structure(s): Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Setbacks (indicate direction of setbacks – N, S, E, W):

From center of street/right-of-way: \_\_\_\_\_ From rear: \_\_\_\_\_

From side: \_\_\_\_\_ From side: \_\_\_\_\_

Amount of off-street parking: (1 space = 10' x 20'): \_\_\_\_\_

Number of: Stories \_\_\_\_\_ Rooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ Bedrooms \_\_\_\_\_ Basement \_\_\_\_\_

Garage: Stories \_\_\_\_\_ Attached? \_\_\_\_\_ Detached? \_\_\_\_\_

Deck/Porch: \_\_\_\_\_

Is an access permit required? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach copy of approved permit)

Is a "work in the right-of-way" permit required? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach copy of approved permit)

Is a septic permit required? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach copy of approved permit)

Is the tax parcel on town water? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, and application is for swimming pool, please be advised that water rate will change to Category H-2). Water Rates and categories are available at the town office.

**The following must be submitted with this application:**

1. Application Form A-1
2. Fee: New Structure \$50.00 & 15¢ square foot+ \$15.00 recording fee  
Additions and Accessory Structures 15¢ square foot (\$50.00 minimum) + \$15.00 recording fee
3. A Site Plan (ask the Zoning Administrator for details)

The undersigned hereby applies for a permit for the above-mentioned use on the basis of the representations contained herein. I understand that this application will not be accepted if all required information has not been provided and I shall allow the Zoning Administrator access at reasonable times to ensure compliance with this permit and its conditions. The permit shall be deemed void if any of the information presented is found to be misrepresented. Activities authorized by this permit shall be completed within two years. This permit does not relieve applicant's duty to obtain all necessary "State and Local" permits.

Right of Appeal: The applicant or any other interested person may appeal any decision of the Administrative Officer within 15 days of the date of such a decision by filing a written Notice of Appeal with the Development Review Board and a copy thereof with the Zoning Administrator. **This permit shall not take effect until time for such appeal has passed.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Fee paid: \_\_\_\_\_ Received by: \_\_\_\_\_

Date of inspection: \_\_\_\_\_

Referred to Development Review Board: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

Further explanation:

Date approved: \_\_\_\_\_ Effective date of permit: \_\_\_\_\_

Date denied: \_\_\_\_\_  
Pursuant to Section(s): \_\_\_\_\_ of the Town of Fairlee Zoning Regulations.

Signed: \_\_\_\_\_  
Zoning Administrator