

ALSZD Short-term Residential Rental Application & Permit

www.ALSZD.org

**This application is to be completed by the dwelling unit owner, managing agency or agent.
The Short-term Residential Rental Permit will be issued in the name of the dwelling unit owner, and is valid for five years from date of issue.**

Dwelling Unit Owner			
<u>Owner Name</u>		<u>Mailing Address</u>	
<u>Phone</u>	<u>Alternate Phone</u>	<u>Email</u>	
<u>Dwelling Unit Address</u>		<u>Max Guests</u>	<u>Max Vehicles</u>
<input type="checkbox"/> <i>I certify that all the contiguous property owners within 200ft have been notified, via certified letter, of the intent to use this dwelling unit for short-term rental.</i>			
<u>Signature</u>		<u>Date</u>	
Local 24 hr. Contact person or Management Agency with 24 hr. availability			
<u>Name</u>	<u>Phone</u>	<u>Alternate Phone</u>	<u>Email</u>
Application Reviews			
<input type="checkbox"/> <u>Application Approved</u>		<input type="checkbox"/> \$100.00 (Five year permit fee)	
<u>Signature:</u>		<u>Issue Date</u>	<u>Date</u>
<u>Name:</u>			

You must initial below for the organization you are appointing Owner's Representative:

<input type="checkbox"/>	<p>Alto Lakes Special Zoning District: I/we appoint the individual or firm named below to appear, speak, and act on my (our) behalf with respect to matters involving the ALSZD Comprehensive Zoning and Land Use Ordinance. These matters shall include (strike any which do not apply): Zoning Permits, Variances, and Conditional Use Permits. This appointment shall expire in one year, or earlier by notice to the ALSZD at PO Box 578, Alto, NM 88312. Notice shall be sent by certified mail, return receipt requested.</p>
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Owner's Representative:

Name			
Address:			
Phone:		Email:	
Signature:			

Property owner(s) hereby certify under penalty of law that all information presented in and with this application are factual.

Signature of Property Owner(s): _____

Signature of Property Owner(s): _____

State of New Mexico }
 ss }
 County of Lincoln }

This instrument was acknowledged before me on this _____ day of _____, year _____.

(seal) _____

Notary public