

ALTO LAKES SPECIAL ZONING DISTRICT

SHORT-TERM RENTAL APPLICATION

WWW.NMALSZD.COM

This application is to be completed by the property owner or managing agency or agent. The STR permit will be issued in the name of the property owner and is valid for a two (2) year period from the date of issuance. It is NOT transferable. See our STR process and/or Fee schedule for current fee. New application and completion of the process along with any and all required fees are due on or before the expiration date.

Property Owner(s) Name: _____

STR Property Address: _____

Mailing Address: _____

Phone and email address: _____

Subdivision: _____ Unit: _____ Block: _____ Lot: _____

Number of bedrooms: _____ Maximum Guests: _____

Maximum number of vehicles: _____

Property Management: _____

24Hour Local Contact: _____

I certify that all the property owners within 20 feet of this property have been notified via certified letter of the intent to use this property for a short term rental, and, I have followed all the procedures and will supply all the necessary contact information to each guest.

Signature of property owner _____ Date _____

This portion for ALSZD use only. This page **MUST** accompany the STR application.

Application received:_____

Local 24 contact verified:_____

Certified letters sent out:_____

Compliance Inspection completed:_____

Expiration Date:_____

Fee paid:_____

STR permit issued:_____Permit #:_____

Expiration Date:_____

Maximum guests:_____Maximum vehicle:_____

Permit issued by:_____date_____