

**VILLAGE OF JEMEZ SPRINGS PLANNING & ZONING**  
**CONDITIONAL USE PERMIT**  
**SHORT-TERM OCCUPANCY RENTAL**

**I. Property Owner (applicant)**

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

Business Name: \_\_\_\_\_

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

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

1. This form shall be submitted to the Village Office with required fee of \$50.00.
2. Property owner hereby gives consent to the Zoning Administrator, or his/her representative, to make reasonable on-site inspections which may be required to verify compliance.
3. Property owner agrees to the following: (please initial each of the following)
  - I have read and understand the Short-Term Occupancy Ordinance (130-31) of the Village Code
  - Smoke detectors/CO<sup>2</sup> detectors shall be installed and operative
  - One or more working fire extinguishers shall be on the property
  - All rooms used for sleeping shall have more than one emergency exit
  - Gross Receipts Tax shall be paid to the state of New Mexico
  - Lodgers Tax shall be paid to the Village of Jemez Springs
  - Village Business Registration shall be kept current.
  - Emergency contact information shall be kept current.
4. Property owner certifies that all statements herein and in attachments to this application are, to the best of their knowledge, true and accurate.

Property owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**II. Property proposed as a short-term rental (to be completed by applicant)**

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

Parcel Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

County Treasurer/Assessor Account Number: R \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Description of property or portion of property proposed for short-term rental:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local contact information:

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

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

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

**III. Village Office Checklist (to be completed by Village Clerk)**

Application fee of \$50.00 paid. Check /CC#: \_\_\_\_\_

Business Registration:  current  pending

Applicant given Lodgers Tax payment form

Village Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

**IV. Zoning Compliance Checklist (to be completed by Zoning Administrator)**

Zoning District:  RDD  VCD  NRD

Date of public hearing notice: \_\_\_\_\_ Date neighbors notified: \_\_\_\_\_

Number of units: \_\_\_\_\_ Total maximum occupancy: \_\_\_\_\_

Variance requested:  Yes, \_\_\_\_\_  No

Other Conditional Use Permit requested:  Yes, \_\_\_\_\_  No

CUP STOR  Approved  Denied (reason) \_\_\_\_\_

Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature