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/CO² 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:
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Updated 3-17-2022
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