

Town of St. Johnsbury - Long-term Rental Unit Registration Form

A current registration form should be returned, with all applicable fees, on or before June 30 of each year, to the zoning administrator, Town of St. Johnsbury, 51 Depot Square, St. Johnsbury, VT 05819. A new owner must file an updated form within 30 days after the date of transfer of ownership

1. PROPERTY IDENTIFICATION

Address:	
Owner:	
Mailing Address:	
Phone: email	l:
Parcel ID:	Year built:
2. MANAGING AGENT IDENTIFICATION	
Name:	
Mailing Address:	
Phone: email	l:
3. EMERGENCY CONTACT IDENTIFICATI	<u>ON</u>
Name:	
Mailing Address:	
Phone: email	l:
4. Rental Unit Information	
Lodging, Boarding, Hotel, Motel, Multi-Fa	mily, Single Family, Extended Stay, Other
Total number of long-term rental units at	this address:
Units off the market Units owne	r occupiedOther
5. <u>Registration Fee</u> Payment is payable t	o the "Town of St. Johnsbury"
Total Amount Due: \$35.00 x # of units	Amount Enclosed

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- **6. Failure to register** a building or portion thereof used for long term rental for 30 or more days in a calendar year is subject to penalties pursuant to the St. Johnsbury Code of Civil Ordinance, Chapter 6, Housing Rental Unit Registration. A violation of this ordinance shall be enforced in accordance with the provisions of 24 V.S.A. §§ 1974a and 1977 et. seq. Each day the violation continues shall constitute a separate violation.
- 7. Exemptions The following properties are be exempt from registration, fees and/or inspections: (1) A unit that is currently maintained as part of a nursing, rest or convalescent home licensed and inspected by the state; (2) Owner occupied single family home; (3) A rental unit that is occupied for less than thirty (30) consecutive days in a calendar year; (4) A rental unit that is occupied less than thirty consecutive (30) days by the same tenant(s) and the rental unit is not the current primary residence of a tenant. An owner-occupied unit of multi-family dwelling is exempt from fees, but must still register and be inspected for fire and life safety requirements as adopted by the Vermont Department of Safety.

8. Owner or agent's signature I/we do hereby certify the information provided is true and accurate to

the best of my/our knowledge:							
Priı	nt name here:						
Pro	vide the followi	ng information for every re	ental unit in the building/comp	lex.			
1.	Unit ID	Square Footage	_No. of sleeping rooms	Occupied Y/N	ADA Y/N		
2.	Unit ID	Square Footage	No. of sleeping rooms	Occupied Y/N	ADA Y/N		
3.	Unit ID	Square Footage	No. of sleeping rooms	Occupied Y/N	ADA Y/N		
4.	Unit ID	Square Footage	No. of sleeping rooms	Occupied Y/N	ADA Y/N		
5.	Unit ID	Square Footage	No. of sleeping rooms	Occupied Y/N	ADA Y/N		
6.	Unit ID	Square Footage	No. of sleeping rooms	Occupied Y/N	ADA Y/N		
7.	Unit ID	Square Footage	 _No. of sleeping rooms	Occupied Y/N	ADA Y/N		
8.	Unit ID	Square Footage	No. of sleeping rooms	Occupied Y/N	ADA Y/N		
9.	Unit ID	Square Footage	No. of sleeping rooms	Occupied Y/N	ADA Y/N		
10	Linit ID	Square Footage	No of cleaning rooms	Occupied V/N	ΛDΛ V/N		

H. Paul Berlejung, zoning administrator, 51 Depot Square, Third floor, St. Johnsbury, VT 05819; 802-748-3926, ext. 3; or zoning@stjvt.com.

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