



# Town of Jefferson

OFFICE OF THE SELECTMEN

SHORT TERM RENTAL CONDITIONAL USE PERMIT APPLICATION

TOWN OF JEFFERSON

178 Meadows Rd./PO Box 81 Jefferson, NH 03583

Jefferson Select Board/ [administrativeassistant@jeffersonnh.org](mailto:administrativeassistant@jeffersonnh.org) Phone: 603-586-4553

**NOTICE:** Using a dwelling unit for Short Term Rentals without a valid Conditional Use Permit will subject the property owner to fines and penalties outlined in RSA 676:17.

DATE OF APPLICATION: \_\_\_\_\_ PERMIT NUMBER ISSUED (OFFICE USE ONLY) \_\_\_\_\_

\$150 APPLICATION FEE PAID: YES \_\_\_\_\_ NO \_\_\_\_\_ (OFFICE USE ONLY)

PLEASE MAKE CHECK PAYABLE TO THE: **TOWN OF JEFFERSON**

CURRENT NH MEALS & ROOMS TAX LICENSE #: \_\_\_\_\_

PROOF OF CURRENT NH MEALS & ROOMS TAX LICENSE #: YES \_\_\_\_\_ NO \_\_\_\_\_ (OFFICE USE ONLY)

COPY OF RENTAL ADVERTISEMENT LISTING NUMBER OF BEDROOMS YES \_\_\_\_\_ NO \_\_\_\_\_ (OFFICE USE ONLY)

PROPERTY OWNER: MAP: \_\_\_\_\_ LOT # \_\_\_\_\_ SUB LOT # \_\_\_\_\_

Name(s): \_\_\_\_\_

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

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

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

Phone Number: \_\_\_\_\_

**PLEASE IDENTIFY ONE PERSON WITHIN THE STATE OF NEW HAMPSHIRE WHO CAN BE ONSITE WITHIN ONE HOUR TO ACCEPT SERVICE OF PROCESS FOR ANY LEGAL PROCEEDING THAT MAY BE BROUGHT AGAINST THE OWNER OF THE PROPERTY:**

Name(s): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

**AFFIDAVIT OF PROPERTY OWNER IN SUPPORT OF SHORT-TERM RENTAL CONDITIONAL USE  
PERMIT APPLICATION**

The permit will be approved or denied by the Select Board using the following criteria.

I, \_\_\_\_\_ (legal name of property owner), having been duly sworn, depose and state as follows:

1. I am the owner of the property located at \_\_\_\_\_ (physical address of property) (hereinafter referred to as the "STR Property"), and I am applying for a Short-Term Rental Conditional Use Permit for this STR Property.
2. Smoke detectors and Carbon Monoxide (CO) detectors are installed at the STR Property in any and all areas defined by the NH State Fire Code and NH State Building Code.
3. I have read NH Dept. of Safety Informational Bulletin 2020-05 (Smoke Alarm Device Requirements in Dwellings) and Informational Bulletin 2020-06 (Carbon Monoxide Detection Devices in Single Family Dwellings), and all smoke detectors and Carbon Monoxide (CO) detectors installed at the STR Property are installed, maintained, and functioning consistent with these Informational Bulletins.
4. I have read NH Dept. of Safety Informational Bulletin 2020-03 (Secondary Means of Escape – Egress Windows & Doors), and all windows and/or doors designated for emergency egress at the STR Property are maintained and in operational order consistent with this Informational Bulletin. Free of obstruction, clutter, snow, etc.
5. No basement space of the STR Property shall be used as a sleeping area unless there are properly sized egress windows and/or doors conforming to the NH State Fire Code and NH State Building Code.
6. A functional fire extinguisher is visibly installed in any and all kitchen area(s), by all fireplaces/pellet/wood stoves and fire pits (outside of dwelling) in/at the STR Property.
7. The maximum number of people that the STR Property will be advertised for in any published listing or other form of marketing shall be two (2) people for each bedroom listed on the town issued building permit (or, in the absence of a building permit, listed on the tax card) plus two (2) additional people.
8. The septic system serving the property must be adequate for the number of bedrooms.
9. All vehicles shall be parked at the STR Property and in designated parking areas.
10. No fireworks, explosive devices, or firearm discharges will be permitted on the property.
11. Rules for renters will be clearly posted in the rental unit with references to all applicable town & state ordinances. As well as contact numbers in case of an emergency will be clearly posted.
12. I have provided proof of a current NH Meals and Rooms Tax license number for the STR Property.
13. Although a Special Exception runs with the land, if the property transfers ownership, within 60 days of closing the new owner will be required to provide the town with their contact information, new affidavit agreeing to the conditions of the permit and all applicable application fees
14. Property owner agrees to adhere to any other site-specific conditions imposed as part of the Special Exception and/or Permit approval, and subject to inspection by any town official (Fire Chief, Police Officer, & Health Officer
15. The permit for a STR Property **MUST** be renewed each year with the \$100.00 fee.

**AND FURTHER, the Affiant sayeth not.**

Dated: \_\_\_\_\_ (signature)  
\_\_\_\_\_ (signature)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Personally, appeared the above-named \_\_\_\_\_ who made oath that the foregoing statements made by her/him are true to the best of her/his knowledge, information, and belief.

Dated: \_\_\_\_\_

**Justice of the Peace/notary Public My Commission Expires: \_\_\_\_\_**

**PLEASE READ AND SIGN BELOW**

**If the owner is granted approval for a Special Exception, a permit form must also be completed for the Short-Term Rental Unit, with payment of \$100.00 to the Select Board for its approval.**

I/We understand and accept that a Short-Term Rental Conditional Use Permit granted by the Town of Jefferson, based upon this application, does not relieve me/us from having to comply with any Local Ordinances, State or Federal Laws.

I/We understand and accept that I/we, as the property owner(s), are responsible for trash removal, ensuring that all parking of vehicles is on site, occupancy limits are not exceeded, and any site-specific conditions imposed are satisfied.

I/We understand that my/our permit may be revoked for failure to comply with the Short-Term Rental Ordinance or any conditions of approval. I understand that a first violation may result in a warning, a second violation may result in a civil penalty of \$275.00, and a third violation will result in a revocation of my/our Conditional Use Permit.

I/We understand that if my/our Conditional Use Permit is revoked, I/we may not apply for reinstatement for a period of three (3) months.

I/We understand that any nuisances or any other dangers to the public health reported by any lodgers/short-term renters or abutters may require an inspection pursuant to NH RSA 147:3.

I/We hereby certify that the information provided in this Short-Term Rental Conditional Use Permit Application is true and that I/we have read and understood the *Town of Jefferson Land Use Ordinance* as it applies to the use of my/our property as Short-Term Rental.

Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved by: Jefferson Select Board**

Select Board Chair Signature: \_\_\_\_\_

Select Board Member Signature: \_\_\_\_\_

Select Board Member Signature: \_\_\_\_\_