

Permit No. _____

Date: _____

LYON COUNTY ZONING SHORT-TERM RENTAL PERMIT

Name of Owner:
Mailing Address:
EMAIL:
Parcel type (Zoning):
Flood Zone:

Site address:
Phone:
S-T-R:
Acres: Street Frontage:(feet)
Current Use:

Short-term rental (STR) as defined in Section 10 shall be permitted in all Parcel Types where residential is the primary use and are allowed subject to the following two (2) Tier System:

○ **Owner Occupied**

○ Proof you are the owner of residential Parcel Type to operate an STR in their primary residence.
○ Annual license and fee.
○ Proof of liability insurance appropriate to cover the STR use.
○ It is the responsibility of the owner to collect transient Guest and Sales Tax.
○ No permanent signage advertising the STR.

○ **Non-Owner Occupied**

○ Operator of a non-owner occupied STR is required to obtain a Conditional Use Permit and follow the regulations outlined for a traditional bed and breakfast.
○ Annual license and fee.
○ Proof of liability insurance appropriate to cover the STR use.
○ Local contact person is required.
○ Provide notice to neighbors within two hundred (200') feet if the lot is adjacent to the City's limits and one thousand (1,000') feet if the lot in the County.
○ It is the responsibility of the owner to collect transient Guest and Sales Tax.

Duration of Use: _____

Conditions:

PERMITS ARE ISSUED WITH THE UNDERSTANDING THAT ALL WORK PERFORMED BE IN ACCORDANCE WITH THE APPLICATION AND IN COMPLIANCE WITH THE LYON COUNTY ZONING REGULATIONS AND RELEVANT LAWS OF THE STATE OF KANSAS AND SUBJECT TO THE CONDITIONS STATED ABOVE. APPLICANT UNDERSTANDS THAT THE ABOVE USE IS AUTHORIZED AS APPROVED BY THE ZONING ADMINSTRATOR. IF THE APPROVED USE IS MISREPRESENTED, THE USE WILL BE RESCINDED.

(Applicant's Signature)

Date

OFFICE USE ONLY:

STRental Permit Issued Denied: Date: _____ by: _____

Reason for denial: