



SHORT TERM RENTAL ZONING APPLICATION

Town of Elon Planning Department
104 S. Williamson Avenue • Elon, NC 27244 • (336) 584-3601

Permit Number _____

Permit Fee _____

APPLICANT INFORMATION

APPLICANT NAME: _____ TELEPHONE: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____ FAX: _____

PROPERTY INFORMATION

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TAX MAP & PARCEL #: _____ TOTAL ACREAGE: _____ FLOODPLAIN: ☐ Yes ☐ No
PROPERTY OWNER: _____ TELEPHONE: _____
MAILING ADDRESS: _____

PLEASE NOTE: A RECORDED SURVEY MAP, RECORDED DEED, OR OFFER TO PURCHASE MAY BE REQUIRED IF THE PROPERTY INFORMATION CANNOT BE VERIFIED ON THE GIS WEBSITE

SHORT TERM RENTAL INFORMATION

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TAX MAP & PARCEL #: _____
TYPE OF RENTAL: ☐ Principal Dwelling ☐ Accessory Dwelling Unit (ADU)
☐ Other (describe) _____

SHORT TERM RENTAL STANDARDS

1. No exterior advertising of the short-term rental shall be allowed.
2. No activities other than lodging shall be allowed in conjunction with any short-term rental unit.
3. The duration of any short-term rental stay shall not exceed thirty (30) days.
4. The maximum occupancy of short-term rental units shall be calculated as two (2) persons per bedroom, plus two (2) additional persons.
5. The short-term rental owner or operator shall maintain liability insurance on the property, which covers the short-term rental use and guests.
6. The short-term rental owner or operator shall comply with all applicable State, County, and Town laws, including those relating to fire and building codes, smoke and carbon monoxide detecting equipment, housing codes, and payment of taxes to appropriate governmental entities, including occupancy taxes.
7. The zoning permit number authorizing the short-term rental shall be conspicuously posted on all advertisements for said rentals, and within the subject property.

SIGNATURES AND ACKNOWLEDGEMENT

If permits are granted, I agree to conform to all ordinances and laws of the Town of Elon, Alamance County, and State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. Furthermore, the above-referenced hereby authorizes the Zoning Administrator or designated representative to enter the above-referenced property for the purpose of inspecting and verifying compliance. The permit is subject to revocation if false information is provided.

Signature of Applicant

Date

Signature of Property Owner

Date

TO BE COMPLETED BY ZONING OFFICIAL

Jurisdiction: ☐ Town Limits ☐ ETJ Planning District/Overlay: _____

Request is: ☐ Approved ☐ Denied

Town Zoning Official Signature

Date