

Glendale Town Corporation Date of Application \_\_\_\_\_ 90 East Center Street, PO  
Box 220 Glendale, UT 84729 Phone: 435-648-2341

VACATION/SHORT TERM RENTAL CONDITIONAL USE APPLICATION NOTICE: Please complete  
each statement below. Incomplete applications will not be accepted.

I certify that all information contained herein is accurate, to the best of my knowledge. I certify  
that I have read, understand, and will comply with the vacation/short term rental regulations  
listed in the Glendale Town Zoning Ordinance. I certify that this transient lodging facility meets  
all local and state regulations and building code requirements. I acknowledge that I will post the  
notice required in this vacation/short term rental. I acknowledge that prior to using this  
property as a vacation/short term rental I must obtain all pertinent inspections, approvals, and  
pay all fees due. I acknowledge that Glendale Town or designated authority has the right to  
inspect this property. I will notify Glendale Town of any changes to the property owner,  
management, or rental property information listed on this form. I understand I must keep my  
Glendale Town Business License current and that change of ownership is non-transferrable.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Information Owner Name(s):

\_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Type of Ownership: Individual(s) \_\_\_ Partnership \_\_\_ Trust \_\_\_ LLC \_\_\_

Other: \_\_\_\_\_ \*A list of all corporate officers or partners must be included.

This list must include name, home address, and phone number.

Rental Property Information Rental Property Address:

\_\_\_\_\_ Utah

State Sales Tax ID Number:

\_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Dwellings Approximate Square Footage: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_

Maximum Number of Occupants: \_\_\_\_\_

Number of On-Site Parking Spaces: \_\_\_\_\_

\*A diagram or photograph of parking facilities must be included.

Management Information Type of Rental Management: Owner Only \_\_\_ Owner and Rental Agent \_\_\_ Rental Agent Only \_\_\_ Rental Agent Individual/Company:

\_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Maintenance Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Contact Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

OFFICE USE ONLY

Date Paid: \_\_\_\_\_ Receipt: \_\_\_\_\_ Account: \_\_\_\_\_ Planning

Recommendation: \_\_\_\_\_ Town Approval: \_\_\_\_\_