



Town of Colrain

Planning Board

Short Term Rental Permit

Applicant: _____ Phone: _____

Address of STR Property: _____

By signing this permit, I certify that...

1. The dwelling is in compliance with all relevant regulations enumerated:
 - a. In the current Building Code;
 - b. In the current Fire Code;
 - c. By the Board of Health;
 - d. In State law; and,
 - e. In the Bylaws of the Town of Colrain.
2. I will provide renters with clear directions to the property prior to arrival. A reflective house number will be on the road and visible from either direction. Guests should be encouraged to observe posted speed limits.
3. I will keep a register of guests with the following information:
 - a. Dates of rental period;
 - b. Name;
 - c. Address;
 - d. Number of people in party; and,
 - e. License plate number and state of vehicle(s).
4. I will provide guests with a noise policy which limits loud music, etc. between 10:00 PM and 9:00 AM.
5. All overnight parking will be within the property's driveway or garage.
6. All outdoor fires must be contained in fire pits in compliance with guidance provided by Colrain Fire Dept.

7. The property carries liability coverage as established by the Commonwealth of Massachusetts.
8. I will provide both the Town and guests with contact information, including phone, email and address, of a caretaker who can respond to housing issues if I am unavailable.
9. I understand that this annual permit will be valid from the date that it is signed by the Planning Board until Dec. 31st. The permit may be renewed up to two months prior to expiration subject to any fees required by the Town.
10. I understand that lack of compliance with the contents of this Permit and/or any complaint arising from the use of the property for short term rentals may be investigated and may lead to revocation and/or non-renewal of this permit.

Owner Information:

Name _____
Address: _____
Phone (h): _____ Phone (c): _____
Email: _____

Caretaker Information (if different from Owner):

Name _____
Address: _____
Phone (h): _____ Phone (c): _____
Email: _____

Signatures:

Property Owner

Date

Planning Board Rep.

Date