

**SHORT-TERM RENTAL LICENSE APPLICATION**

Date: \_\_\_\_\_

**Property Owner:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Rental Property:**

Address \_\_\_\_\_

PIN # \_\_\_\_\_ Tax ID # \_\_\_\_\_

Type of Structure: Single Home \_\_\_\_\_ Duplex \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_

Square Feet \_\_\_\_\_ No. Bedrooms \_\_\_\_\_ No. Bathrooms \_\_\_\_\_

Lakeshore Property? Yes \_\_\_\_\_ No \_\_\_\_\_

**Emergency Contact (available 24/7 and located within 1-hour of rental property):**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**OFFICE USE ONLY**

Compliance with Town of Cable Driveway Ordinance: Yes \_\_\_\_\_ No \_\_\_\_\_

Maximum Occupancy: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Chairman, Town of Cable

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Clerk

## **TOWN OF CABLE RESIDENTIAL DWELLING SHORT-TERM RENTAL CRITERIA**

1. All occupancy limits must be adhered to with no exception.
2. Property owner or agent with authority must be available to be on-site within 1 hour anytime property is rented (24 hours a day, 7 days a week). Contact information for agent and emergency service providers will be posted in conspicuous place.
3. Property must meet town driveway ordinance and have adequate off-street parking to support the allowed occupancy (1 space per 4 persons). No parking is allowed which would restrict access by neighbors or emergency vehicles.
4. Owner must comply with Town of Cable Accommodation Tax Ordinance.
5. No recreational vehicle, camper, tent or other temporary lodging will be allowed on the property to expand occupancy limits.
6. Code of conduct or rules in place by Homeowners Association or Lakes Association shall be posted and abided to.
7. A copy of this document and any other special rules/regulations or restrictions must be posted and included in the rental contract.
8. Any outdoor event shall be restricted to between the hours of 8:00 a.m. and 11:00 p.m. Quiet hours shall be observed between 11:00 p.m. and 8:00 a.m.
9. Campfires are restricted to contained fixtures and must be attended at all times.
10. Any illegal or disorderly conduct will result in law enforcement action and possible revocation of rental license.
11. Pets, when allowed, must be kept leashed and not left unattended.
12. Property boundaries and trespass laws must be abided to by all occupants.
13. No regulated fireworks are allowed without a proper permit.
14. Approved sanitary wastewater system must be in good working order.
15. Garbage and recycling must be kept contained and in a secure location off the road, except on collection day.

# TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

**Date Zoning Received:** (Stamp Here)

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department  
P.O. Box 58 – Washburn, WI 54891  
Phone – (715) 373-6138  
Fax – (715) 373-0114  
e-mail: zoning@bayfieldcounty.org

Website:  
[www.bayfieldcounty.org/147](http://www.bayfieldcounty.org/147)

**Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back].** This is a Class A special use request. *Note: The Town's Planning Commission meets prior to the Town. Once the Town meets, they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).*

Property Owner \_\_\_\_\_ Contractor \_\_\_\_\_

Property Address \_\_\_\_\_ Authorized Agent \_\_\_\_\_

Agent's Telephone \_\_\_\_\_

Telephone \_\_\_\_\_ Written Authorization Attached: Yes ( ) No ( )

Accurate Legal Description involved in this request (specify only the property involved with this application)

\_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4, Section \_\_\_\_\_, Township \_\_\_\_\_ N., Range \_\_\_\_\_ W. Town of \_\_\_\_\_

Govt. Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM# \_\_\_\_\_

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Tax I.D.# \_\_\_\_\_ Acreage \_\_\_\_\_

Additional Legal Description: \_\_\_\_\_

Applicant: (State what you are asking for) \_\_\_\_\_ Zoning District: \_\_\_\_\_ Lakes Classification \_\_\_\_\_

We, the Town Board, **TOWN OF** \_\_\_\_\_, do hereby recommend to

Table

Approval

Disapproval

**Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan:**  Yes  No

**Township:** (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

\*\* THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: August 2018

u/forms/townboardrecommendation-ClassA