



## Town of Belhaven Short Term Rental Annual Registration Form

This form must be completed every two (2) years to register a short term rental. Each form registers one short term rental property.

Once complete, please bring or mail the application and supporting documentation to:

Town of Belhaven, Town Manager's Office, PO Box 220, 315 E. Main Street, Belhaven, NC 27810.  
For more information, call (252)943-3055 or visit [www.TownofBelhaven.com](http://www.TownofBelhaven.com).

Completed permit applications should include

- ☐ Photo of the exterior of the property
- ☐ Notarized signature page
- ☐ Names and addresses of adjacent property owners, includes across the street.
- ☐ \$100 Application Fee

*Allow ten (10) business days for the permit to be processed.*

### Short Term Rental Property Information

Property Address \_\_\_\_\_

Primary Parcel ID \_\_\_\_\_ Zoning \_\_\_\_\_

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

Maximum Number of Guests \_\_\_\_\_

Number of Parking Spaces \_\_\_\_\_ Maximum Number of Cars \_\_\_\_\_

Access to additional amenities: \_\_\_\_\_

\_\_\_\_\_

Safety Features:

- ☐ Smoke Detector
- ☐ Carbon Monoxide Detector
- ☐ Security Alarm
- ☐ Other: \_\_\_\_\_

How is the property being marketed: ☐ Airbnb.com ☐ VRBO.com ☐ Other: \_\_\_\_\_

#### OFFICIAL USE

Application Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

If denied, cite reason: \_\_\_\_\_

\_\_\_\_\_

Approval Date: \_\_\_\_\_ PERMIT # \_\_\_\_\_

## Short Term Rental Applicant Information

Property Owner: ☐ Check if primary contact

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

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

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

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

Short Term Rental Host: ☐ Check if primary contact

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

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

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

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

*\*If you are not a limited liability company, corporation, partnership, association, trustee, etc. please enter your name as company.*

Emergency Contact Information (if other than the host):

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

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

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

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

The Town of Belhaven requires that a person responsible be available and responsible for addressing any maintenance or safety concerns of a short term rental guest. Any such responsible individual must reside within 25 miles of the short term rental. Please affirm that the aforementioned emergency contact meets this requirement.

☐ YES      ☐ NO

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The information provided on this application is true. I have read and agree to abide by the Town of Belhaven's Short Term Rental Zoning Ordinance.

Applicant Host Signature \_\_\_\_\_ DATE: \_\_\_\_\_

North Carolina, \_\_\_\_\_ County  
I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that  
\_\_\_\_\_ and \_\_\_\_\_ personally appeared  
before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(Official Seal)

My commission expires \_\_\_\_\_, 20 \_\_\_\_\_.  
Notary Public