APPLICATION
FOR
TOURIST RESIDENCY PERMIT

OWNER'S NAME AND MAILING ADDRESS: _____

_____

_____

PHONE NO: _____

LOCATION OF RENTAL UNIT: _____

NAME OF UNIT: _____

EMAIL: _____

Please provide the following information:

Total number of parking spaces_____.

Total number of bedrooms _____.

Total number of stories _____.

Maximum number of occupants _____.

Total gross square feet of building _____.

Note: All tourist residencies more than three (3) stories, more than five thousand (5,000) gross square feet, or more than twelve (12) occupants must have an approved sprinkler system.

The fee is $200 for 2 bedrooms or less, each bedroom over two is an additional $75 per bedroom. Please send check with application to: City of Gatlinburg, P.O. Box 5, Gatlinburg, TN 37738, attn: Kathy

Note: Prior to the submittal of the application to the City, the applicant shall be responsible for verifying with the Gatlinburg Building & Planning Department that the property is properly zoned to allow an overnight rental use. Property is not be rented until there is a valid permit on file.

RENTAL AGENT: (NAME AND EMAIL)

_____

_____

_____ ____ PHONE NO:_____

_____ _____

SIGNATURE OF APPLICANT (OWNER, AGENT, ETC.) DATE

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FOR OFFICE USE ONLY

This unit is located in a _____Zone.

APPROVAL OF PERMIT: Yes _____ No _____

_____ _____

INSPECTOR DATE