

SINGLE FAMILY DWELLING USE FORM

Transient rentals are occupancy of a single dwelling unit for 30 days or less.

Project Address: _____

(Please initial beside the one that applies)

_____ This dwelling is not intended for overnight rental use.

_____ This dwelling is intended for overnight rental use. Proposed occupancy load is _____

I swear the above information is true and correct to the best of my knowledge, information and belief.

Property Owner: _____

Phone Number: _____ Email Address: _____

Signature of Owner: _____ Date: _____

NOTARY REQUIRED IF NOT SIGNED IN FRONT OF A SEVIER COUNTY BUILDING INSPECTIONS EMPLOYEE.

STATE OF: _____

COUNTY OF: _____

Before me, the undersigned authority, personally appeared the within named bargainor,
_____, and who acknowledged that he / she executed the foregoing
instrument for the purposes therein contained.

WITNESS my hand and official seal at office in said State and County this the

_____ Day of _____, _____.

NOTARY PUBLIC

My Commission Expires: _____.