



DEPARTMENT OF PLANNING, BUILDING & ZONING

111 West Fox Street • Yorkville, IL • 60560
 (630) 553-4141 Fax (630) 553-4179

APPLICATION

Short-Term Rental Registry _____ **FILE#** _____

NAME OF APPLICANT (Including First, Middle Initial, and Last Name)		
CURRENT LANDOWNER/NAME(s)		
SITE INFORMATION SITE ADDRESS OR LOCATION		ASSESSOR'S ID NUMBER (PIN)
CURRENT ZONING	TYPE OF STRUCTURE (i.e. Single-Family Home)	# OF OCCUPANTS IN THE STRUCTURE
OWNER CONTACT	OWNER CONTACT MAILING ADDRESS	OWNER CONTACT EMAIL
OWNER CONTACT PHONE #	OWNER CONTACT FAX #	OWNER CONTACT OTHER # (Cell, etc.)
EMERGENCY CONTACT (IF DIFFERENT THAN OWNER)	EMERGENCY MAILING ADDRESS	EMERGENCY EMAIL
EMERGENCY PHONE #	EMERGENCY FAX #	EMERGENCY OTHER # (Cell, etc.)
I UNDERSTAND THE THAT LISTED PROPERTY MAY BE RENTED FOR A MAXIMUM OF THIRTY (30) CONSECUTIVE DAYS AT ANY ONE TIME.		
I CERTIFY THAT THE ABOVE PROPERTY SHALL NOT BE RENTED AT ANY ONE TIME TO MORE PEOPLE THAN PERMITTED BY THE OCCUPANCY PERMIT ON FILE.		
I UNDERSTAND THAT BY SIGNING THIS FORM, THAT THE PROPERTY IN QUESTION MAY BE VISITED BY COUNTY STAFF AND THAT THE PRIMARY AND EMERGENCY CONTACT LISTED ABOVE SHALL BE SUBJECT TO ALL CORRESPONDANCE ISSUED BY THE COUNTY.		
I CERTIFY THAT THE INFORMATION AND EXHIBITS SUBMITTED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I AM TO FILE THIS APPLICATION AND ACT ON BEHALF OF THE ABOVE SIGNATURES. THE APPLICANT ATTESTS THAT THEY ARE FREE OF DEBT OR CURRENT ON ALL DEBTS OWED TO KENDALL COUNTY AS OF THE APPLICATION DATE.		
SIGNATURE OF APPLICANT		DATE

For Office Use Only

Certificate of Occupancy on File Y/N _____ Date Certificate of Occupancy was Issued ___/___/_____

Number of Legal Occupants _____

Approval of Application/Renewal _____ Date ___/___/_____