



1199 Bayfield Parkway • PO Box 80 • Bayfield, CO 81122 • 970.884.9544
Community Development Department
www.bayfieldgov.org/development

ANNUAL VACATION RENTAL RENEWAL

Property Owner(s)	Mailing Address
Phone	Email
Applicant (if other than owner)	Mailing Address
Phone	Email

Vacation Rental Address _____
Vacation Rental Permit # _____
Year of Original Approval _____

Description of how the Vacation Rental Permit remains consistent with the original Planning Commission Use by Review approval (list any changes that have occurred since its approval)

ACKNOWLEDGEMENT AND AUTHORIZATION:

I, _____, hereby authorize the Community Development Department to proceed with processing this application under the requirements of the Town of Bayfield Land Use Code (LUC), and acknowledge that the information provided herein is accurate to the fullest extent of my knowledge.

Property Owner Signature _____ Date _____

Property Owner Signature _____ Date _____

Applicant Signature _____ Date _____